



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Marion High School</i>	Telephone Number <i>(765) 664-9051</i>	Date of Inspection <i>8-28-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>750 W 26th St Marion</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Marion Community Schools</i>	Summary of Violations:  C <u>    </u> NC <u>    </u> R <u>    </u>		
Owner's Address <i>Josephine</i>			
Person in Charge			
Responsible Person's E-mail	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <input checked="" type="checkbox"/> 5 <u>    </u>		
Certified Food Handler <i>Josephine</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	CNC	R	Narrative	To Be Corrected By
			<i>No violations</i>	

Received by (name and title printed): <i>Josephine McClure</i>	Inspected by (name and title printed): <i>Dean Smith</i>
Received by (signature): <i>Josephine McClure</i>	Inspected by (signature): <i>Dean Smith</i>
cc:	cc: