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: McCulloch JR High	**Telephone Number**: (765) Establishment; ( ) Owner 618-5078	**Date of Inspection** (*mm/dd/yr*): 8-11-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 35285 Washington St			
Owner: Marion Community Schools	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge: ANN Ferguson			
Responsible Person's E-mail: ____		**Menu Type** (*See back of page*): 1___ 2___ 3___ 4X 5___	
Certified Food Handler: Teal Keenan			

- 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#	C/NC	R	Narrative	To Be Corrected By
			No violations on this inspection	

Received by (*name and title printed*): ANN M FERGUSON

Received by (*signature*): [signature]

Inspected by (*name and title printed*): Scott Kirkendall / Dean Small

Inspected by (*signature*): [signature]

cc: [signature]

cc:

cc: