



**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>McCulloch Jr / South High School</i>	Telephone Number <i>765 674 417</i>	Date of Inspection <i>8/14/19</i>	ID # <i>27</i>
Establishment Address <i>3528 S. Washington St</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>8/24/19</i>
Owner <i>Marion Community Schools</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations:  <i>C <u>    </u> NC <u>    </u> R <u>    </u></i>	
Owner's Address <i>SAME</i>	2. Follow-up	Menu Type (See back of page)  <i>1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>X</u> 5 <u>    </u></i>	
Person in Charge <i>Ann Ferguson</i>	3. Complaint		
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>TEAL KOENAN</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<i>No Violations AT THIS Inspection</i>	

Received by (name and title printed): <i>X Ann M Ferguson</i>	Inspected by (name and title printed): <i>R. Williams - RSD</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: