



**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 MC CULLOCH JR HIGH	Telephone Number 765 679 6917	Date of Inspection (mm/dd/yr) 01-23-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3528 S. WASHINGTON ST	() Owner	Follow-up NO	Release Date 02-02-19
Owner MARION School Corp	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address SAME	2. Follow-up	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Person in Charge TEAL KEENAN	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler TEAL KEENAN	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
			NO VIOLATIONS AT THIS INSPECTION	
			<i>(Large handwritten signature and date: Jan 29, 19)</i>	

Received by (name and title printed): Teal Keenan	Inspected by (name and title printed): R Dale Carr - FEID
Received by (signature): <i>Teal Keenan</i>	Inspected by (signature): <i>R Dale Carr</i> FEID
cc:	cc: