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 Mississinewa High School	**Telephone Number** (765) Establishment (765) 674-4424 Owner	**Date of Inspection** (*mm/dd/yr*) 2-26-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1 Indian Tr Gas City			
Owner Mississinewa School Corp	**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 424 E. S. "A" Gas City		**Summary of Violations:** C___ NC___ R___	
Person in Charge Lora Ailes			
Responsible Person's E-mail N/A		**Menu Type** (*See back of page*) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Lora Ailes CFP 3/2021			

- 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 –	

MISSISSINEWA HIGH SCHOOL
VISITOR PASS
NAME: Dean Small
DATE: 2-26- TIME: 9:00

Received by (*name and title printed*): Lora Ailes MANAGER	Inspected by (*name and title printed*): Dean Small - FSO
Received by (*signature*): Lora Ailes	Inspected by (*signature*): Dean Small FSO

cc:	cc:	cc: