



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; Date of Inspection: 1-21-21; ID #: 27; Establishment Address: 205 E N H ST Gas City; Owner: Mississinewa Community Schools; Purpose: 1. Routine; Follow-up: NO; Release Date: today; Person in Charge: Lara Ailes; Certified Food Handler: Lara Ailes Exp 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations on this inspection'

Received by (name and title printed): Lori Ailes; Inspected by (name and title printed): Scott Kikendall; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]