



**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 PARK ELEMENTARY	Telephone Number (765) 918-5332	Date of Inspection (mm/dd/yr) 8/21/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 500 S SYCAMORE - FAIRMOUNT	() Owner	Follow-up NO	Release Date 8/31/19
Owner MADISON - GRANT USC	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 11580 S EDOW FAIRMOUNT	2. Follow-up	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Person in Charge BERNICE NELSON	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler BERNICE NELSON	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.	

Received by (name and title printed): Bernice Nelson	Inspected by (name and title printed): R Dale Gann - FSD
Received by (signature): <i>Bernice Nelson</i>	Inspected by (signature): <i>R Dale Gann - FSD</i>

cc:	cc:	cc:
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