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 RJ Basket - Middle School	**Telephone Number** 765 (Establishment) (574) 8536 (Owner)	**Date of Inspection** (*mm/dd/yr*) 2-27-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 125 N. Broadway Cass City			
Owner Mississinewa School Corp.	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 424 E North A' Cass City	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Angela McCollum	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** (*See back of page*) 1___ 2___ 3___ 4/ 5___	
Certified Food Handler Angela McCollum 2/28/19 Wow			

- 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*): Angela K McCollum	Inspected by (*name and title printed*): DEAN SMALL FSD
Received by (*signature*): Angela K McCollum	Inspected by (*signature*): Dean Small FSD

cc:	cc:	cc: