



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R/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.

<b>Establishment Name</b> R.J. Baskett Middle School	<b>Telephone Number</b> Establishment 765 674-8536	<b>Date of Inspection</b> (mm/dd/yr) 1-30-20	<b>ID #</b> 27
<b>Establishment Address</b> (number and street, city, state, ZIP code) 125 N Broadway St Gas City		<b>Follow-up</b> NO	<b>Release Date</b> 2-9-20 10 days
<b>Owner</b> Mississinewa Community School 5	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	<b>Summary of Violations:</b> C ___ NC ___ R ___	
<b>Owner's Address</b> Same		<b>Menu Type</b> (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
<b>Person in Charge</b> Angela McCollum			
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> Angela McCollum 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"

Section#	C	NC	R	Narrative	To Be Corrected By
				No violations at this inspection -	

<b>Received by</b> (name and title printed): Angela K. McCollum, manager	<b>Inspected by</b> (name and title printed): Dawn Spryall FST
<b>Received by</b> (signature): <i>[Signature]</i>	<b>Inspected by</b> (signature): <i>[Signature]</i>
<b>cc:</b>	<b>cc:</b>