



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 674-8536	Date of Inspection (mm/dd/yr) P-26-21	ID # 21
Establishment Address (number and street, city, state, ZIP code) 125 N BROADWAY Gas City		Owner Musshewna School Corp	Follow-up No	Release Date 10 days
Owner's Address Same	Person in Charge Angie	Responsible Person's E-mail _____	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	
Certified Food Handler Angie McCollom 3-2026			Summary of Violations: C ___ NC ___ R ___	
			Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 X 5 ___	

- 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	

Received by (name and title printed): Angela R McCollum manager	Inspected by (name and title printed): Scott Kendall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: