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: R.J. Basket Middle School	**Telephone Number**: 765) Establishment ( ) Owner 674-8536	**Date of Inspection** (*mm/dd/yr*): 1-21-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 125 N Broadway, Gas City			
Owner: Mississinewa Community Schools	**Purpose**: 1. Routine (circled)	**Follow-up**: N/O	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations**: C___ NC___ R___	
Person in Charge: Angie McCollum	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*): 1___ 2___ 3___ 4 X 5___	
Certified Food Handler: Angie McCollum 3-9-21	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 on this Inspection	

Received by (*name and title printed*): A. McCollum, manager

Received by (*signature*): A. McCollum

Inspected by (*name and title printed*): Scott Kikendall

Inspected by (*signature*): Scott Kikendall FS/O

cc: | cc: | cc: