



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 <i>Riverview Elementary</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>8-12-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>513 W Buckingham Rd Marion</i>	(<i>662</i>) Owner <i>2427</i>		
Owner <i>Marion Community Schools</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Jame</i>	2. Follow-up	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Person in Charge <i>Aurelia Martinez</i>	3. Complaint		
Responsible Person's E-mail _____	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler _____	5. Temporary	1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
	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
			<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Aurelia Martinez</i>	Inspected by (name and title printed): <i>Scott/Ki Kendall / Near Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: