



**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>The King's Academy</i>	Telephone Number <i>763 Establishment</i>  <i>674 Owner</i> 1722	Date of Inspection (mm/dd/yr) <i>1-21-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1201 S. water st Jonesboro</i>	Owner <i>Same</i>	Purpose: 1. Routine <input checked="" 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) _____	
Owner's Address <i>Same</i>	Person in Charge <i>Angie</i>	Follow-up <i>No</i>	
Responsible Person's E-mail _____	Certified Food Handler <i>Angie Allen</i>	Release Date <i>10 days</i>	
		Summary of Violations:  C ___ NC ___ R ___	
		Menu Type (See back of page)  1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 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
			<i>no violations on this inspection</i>	

Received by (name and title printed): <i>Angie Allen</i>	Inspected by (name and title printed): <i>Deon Small PSTD</i>
Received by (signature): <i>Angie Allen</i>	Inspected by (signature): <i>Deon Small PSTD</i>
cc: _____	cc: _____