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 The King's Academy	**Telephone Number** (765) Establishment	**Date of Inspection** (*mm/dd/yr*) 9-7-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1201 S Water St Jonesboro	( ) Owner 674-1722		
Owner Same	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge ANGIE	3. Complaint	C__ NC__ R__	
Responsible Person's E-mail _____	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler Angie Allen Exp 12-2025	6. HACCP	1__ 2__ 3__ 4 X 5__	
	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	

Received by (*name and title printed*): Angela Allen	Inspected by (*name and title printed*): Scott Kilkenzell / Dan Small
Received by (*signature*): Angela Allen	Inspected by (*signature*): Scott Kilkenzell / Dan Small
cc:	cc: / cc: