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~~ 26, 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 Eastbrook North Elementary	**Telephone Number** 765) Establishment 934) Owner 3551	**Date of Inspection** (*mm/dd/yr*) 8-21-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 504 S. 1st St Van Buren			
Owner Eastbrook Community School	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NY	**Release Date**
Owner's Address 5605 900 E		**Summary of Violations:** P — Pf — C — R —	
Person in Charge Michele		**Menu Type** (*See back of page*) 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Responsible Person's E-mail —			
Certified Food Handler Michele Legg 5-2023			

- 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#	~~CFR~~ C	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Michele Legg	Inspected by (*name and title printed*): Dawn Sims
Received by (*signature*): Michele Legg	Inspected by (*signature*): Dawn Sims PSHO
cc:	cc:
	cc: