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-~~42~~-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 Eastbrook High School	**Telephone Number** 765 Establishment 664-1214 Owner	**Date of Inspection** *(mm/dd/yr)* 8.20.25	**ID #** 29
Establishment Address *(number and street, city, state, ZIP code)* 560 S 900 E			
Owner Eastbrook Community School	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date**
Owner's Address SAME		**Summary of Violations:** P — ~~Pf~~ — ~~C~~ — R	
Person in Charge Nicky			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 4 X 5	
Certified Food Handler Rhonda Mahoney 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#	~~Code~~	R	Narrative	To Be Corrected By
			No violations	

Received by *(name and title printed)*: Nicole Ennis	Inspected by *(name and title printed)*: Dean Smith
Received by *(signature)*: Nicole Ennis	Inspected by *(signature)*: Dean Smith BSIS

cc:	cc:	cc: