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: Lafayette Christian School	**Telephone Number** ( ) Establishment ( ) Owner: (765) 877-4266	**Date of Inspection** (*mm/dd/yr*): 1-17-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2318 So Western Ave., Marion			
Owner: Lafayette Wesleyan Church	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Tina	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Tina Lodge 9/19/23	5. Temporary	1___ 2___ 3___ 4 X 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
			7/c Violations	

Received by (*name and title printed*): Tina Lodge	Inspected by (*name and title printed*): Angela Pruitt Registered Sanitarian
Received by (*signature*): Tina Lodge	Inspected by (*signature*): Angela Pruitt #510

cc:	cc:	cc: