



**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>Noothview Elementary</i>	Telephone Number <i>(765) 467-4400</i>	Date of Inspection <i>8-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>725 W N 'A'</i>	Owner <i>Mississinewa Community Corp</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>424 E S. 'A' St.</i>	Person in Charge <i>Janet Boys</i>	Summary of Violations:	
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Janet Boys exp 3-2021</i>	Menu Type (See back of page) <i>1 2 3 4 5</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) _____			
C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>			

- 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/N/C	R	Narrative	To Be Corrected By
			<i>No violations at this inspection</i>	

Received by (name and title printed): <i>Janet L. Boys, Manager</i>	Inspected by (name and title printed): <i>Deann Smith, M-PSTO</i>
Received by (signature): <i>Janet L. Boys</i>	Inspected by (signature): <i>Deann Smith, PSTO</i>
cc:	cc: