



**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>Northview Elementary</i>	Telephone Number <i>765</i> Establishment <i>677-4400</i> Owner	Date of Inspection (mm/dd/yr) <i>8-14-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>725 East North 'H' St</i>		Follow-up <i>NO</i>	
Owner <i>Mississinewa Community School</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input 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) _____		Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations: C ___ NC ___ R ___		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___
Person in Charge <i>Janet</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>Janet BOYS Exp 3-2021</i>			

- 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
			<i>no violations on this inspection</i>	

Received by (name and title printed): <i>Janet L Boys, Manager</i>	Inspected by (name and title printed): <i>Scott Kendall FSO</i>	
Received by (signature): <i>Janet L Boys, Manager</i>	Inspected by (signature): <i>Scott Kendall</i>	
cc:	cc:	cc: