



**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 OAK HILL JR/SR HIGH SCHOOL	Telephone Number 765 395 2341	Date of Inspection 3-4-19	ID # 27
Establishment Address 7756 W DELPHI PIKE-27 CONVERSE	() Owner	Follow-up NO	Release Date 3-14-19
Owner OAK HILL COMMUNITY SCHOOLS	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address SAME	2. Follow-up	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Person in Charge SALLY ADAMS	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler DANA SOUTH 3/29/17	5. Temporary		
	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
			NO VIOLATIONS AT THIS INSPECTION	
			3/7/19 WAM	

Received by (name and title printed): Sally Adams Head Cook	Inspected by (name and title printed): R. Daley CAN - FSD
Received by (signature): Sally Adams Head Cook	Inspected by (signature): R. Daley - FSD
cc:	cc: