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) Establishment ( ) Owner 395-3341	**Date of Inspection** (mm/dd/yr): 8-22-19	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 7756 W. Delphi Pike-27, Converse			
Owner: Oak Hill Community Schools	**Purpose**: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO; **Release Date**: 10 days	
Owner's Address: Same		**Summary of Violations**: C___ NC___ R___	
Person in Charge: Sally Adams		**Menu Type** (*See back of page*): 1___ 2___ 3___ 4 X 5___	
Responsible Person's E-mail: N/A			
Certified Food Handler: Dawn South 3/2017			

- 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	

Received by (*name and title printed*): Sally Adams Head Cook

Received by (*signature*): Sally Adams Head Cook

Inspected by (*name and title printed*): Dawn South FSP

Inspected by (*signature*): Dawn South FSP

cc:

cc:

cc: