



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>Oak Hill Jr/Sr High School</i>		Telephone Number <i>768-398-3341</i>	Date of Inspection <i>2/31/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>7756 West Delphi, IN</i>		Owner <i>398-3341</i>		
Owner <i>Oak Hill School Corp</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>100</i>	Release Date <i>10 days</i>	
Owner's Address <i>Same</i>		Summary of Violations: <i>C - NC - R -</i>		
Person in Charge <i>Sally</i>		Menu Type (See back of page) <i>1 2 3 4/5</i>		
Responsible Person's E-mail <i></i>				
Certified Food Handler <i>DANA South exp 3/2022</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 at inspection -</i>	

Received by (name and title printed): <i>Sally Adams Head Cook</i>	Inspected by (name and title printed): <i>Sarah K. Kordal / Dean Smith</i>
Received by (signature): <i>Sally Adams</i>	Inspected by (signature): <i>Sarah Kordal / Dean Smith</i>
cc:	cc: