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/Senior High School	**Telephone Number** (765) Establishment (395) Owner 3341	**Date of Inspection** (mm/dd/yr) 1-31-20	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 7756 W Delphi Pike Converse			
Owner Oak Hill United School Corp	**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 1474 N 800 W-27 Converse		**Summary of Violations:** C ___ NC ___ R ___	
Person in Charge Sally Adams			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Certified Food Handler Dana South ~~Exp~~ Issued 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	Inspected by (name and title printed): Dean Snell FSO
Received by (signature): Sally Adams	Inspected by (signature): Dean Snell FSO
cc:	cc: cc: