



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	Date of Inspection (mm/dd/yr) 8-13-10	ID # 27
Establishment Address (number and street, city, state, ZIP code) 7756 W Delphi Pike Converse	Owner (395)-3341		
Owner Oak Hill United School Corp	Purpose: 1. Routine 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 1974 N 800 W-27 Converse		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 _____			
Certified Food Handler Dana Smith Exp 3-22			

- 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 on this inspection	

Received by (name and title printed): Sally Adams	Inspected by (name and title printed): Scott Kiferball / Dean Smith
Received by (signature): Sally Adams	Inspected by (signature): Scott Kiferball / Dean Smith
cc:	cc: