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 ( ) 395 3341 Owner	**Date of Inspection** *(mm/dd/yr)* 1-20-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 7756 W Delphi Pike Converse			
Owner Oak Hill School Corp	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1474 N 800 W-27	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Sally	4. Pre-Operational 5. Temporary	**Menu Type** *(See back of page)* 1___ 2___ 3___ 4X 5___	
Responsible Person's E-mail —	6. HACCP 7. Other (*list*) ___		
Certified Food Handler Dana Smith 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 time	

1-TEMP THERMOLABEL ® Square turns black as temperature is reached 160°F 71°C TL1-160

Received by (*name and title printed*): Sally Hurst	Inspected by (*name and title printed*): Dana Small FSD
Received by (*signature*): Sally Hurst	Inspected by (*signature*): Dana Small FSD

cc:	cc:	cc: