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 SWAYZEE ELEMENTARY School	**Telephone Number** (765) 395-3341 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 2/24/2020	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 405 SOUTH WASHINGTON ST. SWAYZEE			
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** 3-5-2020
Owner's Address 1474 N EOOW-27 CONVERSE		**Summary of Violations:** C___ NC___ R___	
Person in Charge TERESA TOY			
Responsible Person's E-mail N/A		**Menu Type** (*See back of page*) 1___2___3___4 X 5___	
Certified Food Handler DANA SOUTH			

• 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*): x TERESA TOY	Inspected by (*name and title printed*): [signature] - FSIO
Received by (*signature*): x Teresa Toy	Inspected by (*signature*): [signature] - FSIO

cc:	cc:	cc: