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) Establishment ( ) Owner 395-3341	**Date of Inspection** (mm/dd/yr): 8-13-20	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 405 S 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**: 10 days
Owner's Address: 1474 N E00w-27 Converse		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Teresa Toy			
Responsible Person's E-mail: ~~~		**Menu Type** *(See back of page)*: 1___ 2___ 3___ 4 X 5___	
Certified Food Handler: Dana South 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*): Teresa Toy

Received by (*signature*): Teresa Toy

Inspected by (*name and title printed*): Scott Klendell / Dean Small

Inspected by (*signature*): Scott Klendell / Dean Small FSC

cc: | cc: | cc: