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: SWEETSER ELEMENTARY	**Telephone Number**: 7653953341 (✓) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 3/4/19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 614 N MAIN ST. SWEETSER			
Owner: OAK HILL UNITED SCHOOLS	**Purpose**: (1) Routine	**Follow-up**: NO	**Release Date**: 3/14/19
Owner's Address: 1474 N 800 W-27 CONVERSE	2. Follow-up	**Summary of Violations**:	
Person in Charge: BRANDON PERSINGER	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: N/A	4. Pre-Operational 5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler: DANA SOUTH 3/29/19	6. HACCP 7. Other (*list*) ___	1___ 2___ 3___ 4 X 5___	

- 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	
			3/7/19 WOMoore	

Received by (*name and title printed*): Brandon Persinger	Inspected by (*name and title printed*): - FSP
Received by (*signature*): Brandon Persinger	Inspected by (*signature*): - FSIO
cc:	cc: / cc: