# 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** 765 30 53341 Establishment ( ) Owner | **Date of Inspection** (*mm/dd/yr*) 8/22/19 | **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** 9-1-19 |
| **Owner's Address** 1474 N 800-27 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 3/28/17 | 6. HACCP | 1___ 2___ 3___ 4 X 5___ | |
| | 7. Other (*list*) | | |

- 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*): Brandon Persinger | Inspected by (*name and title printed*): Rhale Carr - FSIO |
| Received by (*signature*): Brandon Persinger | Inspected by (*signature*): R Jelehu - FSIO |
| cc: | cc: |
| | cc: |