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) Establishment (765) 395-3341 Owner	**Date of Inspection** (mm/dd/yr): 1-20-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 614 N Main St. Sweetser			
Owner: Duff Hill United School Corp	**Purpose**: 1. Routine (circled)	**Follow-up**:	**Release Date**: 10 days
Owner's Address: 1474 N 850 W - 27	2. Follow-up	**Summary of Violations**:	
Person in Charge: Brandon Persinger	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (See back of page)	
Certified Food Handler: Dana South	5. Temporary	1___ 2___ 3___ 4 X 5___	
	6. HACCP		
	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): Dawn Small PSFo
Received by (signature): Brandon Persinger	Inspected by (signature): Dawn Small PSFo
cc:	cc:
	cc: