



**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 <i>Sweetser Elementary</i>	Telephone Number <i>(765) 398-3341</i>	Date of Inspection (mm/dd/yr) <i>8/31/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>614 North Main St Sweetser</i>			
Owner <i>Oak Hill School Corp</i>	Purpose: <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Complaint <input type="radio"/> Pre-Operational <input type="radio"/> Temporary <input type="radio"/> HACCP <input type="radio"/> Other (list) _____	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>1474 N 800 W</i>	Summary of Violations:  C ___ NC ___ R ___		
Person in Charge <i>Brandon</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>DANA South</i>			
Menu Type (See back of page)  1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 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
			<i>No violations at inspection</i>	

Received by (name and title printed): <i>Brandon Persinger</i>	Inspected by (name and title printed): <i>Dana South / Scott Hiker</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc: _____	cc: _____