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 Westview Elementary	**Telephone Number** 768 (Establishment) 674-4437 (Owner)	**Date of Inspection** *(mm/dd/yr)* 8/12/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 709 W 6th St Jonesboro			
Owner Mississinewa Schl 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 424 E. S. A' St Gas City		**Summary of Violations:** C___ NC___ R___	
Person-in Charge Teresa Clevenger		**Menu Type** *(See back of page)* 1___ 2___ 3___ 4 X 5___	
Responsible Person's E-mail —			
Certified Food Handler Teresa Clevenger 3/2022			

- 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*): Teresa Clevenger Manager	Inspected by (*name and title printed*): Dean Smith FSO
Received by (*signature*): Teresa Clevenger	Inspected by (*signature*): Dean Smith FSO
cc:	cc:
	cc: