



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>Westview Elementary School</i>	Telephone Number <i>765</i>	Date of Inspection <i>8-26-21</i>	ID # <i>27</i>
Establishment Address <i>709 W 6th St</i>	Establishment <i>Terresboro</i>	Owner <i>677-4437</i>	
Owner <i>Mississinewa Schools Corp</i>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <i>NO</i>	Release Date <i>16 days</i>
Owner's Address <i>Sime</i>	2. Follow-up	Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Person in Charge <i>Teresa</i>	3. Complaint	Menu Type (See back of page) <i>1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u></i>	
Responsible Person's E-mail <i>[Redacted]</i>	4. Pre-Operational		
Certified Food Handler <i>Teresa Clewenger Exp 3-2022</i>	5. Temporary		
	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
			<i>No Violations</i>	

Received by (name and title printed): <i>Teresa Clewenger Manager</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Teresa Clewenger</i>	Inspected by (signature): <i>Scott Kendall FSI</i>
cc:	cc: