



**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</i>	Telephone Number <i>(765) Establishment (674) Owner 4437</i>	Date of Inspection <i>(mm/dd/yr) 2-14-19</i>	ID # <i>27</i>
Establishment Address <i>709 W 6th St Jonesboro</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Mississinewa School Corp.</i>	Summary of Violations: <i>C — NC — R —</i>		
Owner's Address <i>424 E. S. 'A' St Gosport</i>	Menu Type (See back of page) <i>1 — 2 — 3 — 4 <input checked="" type="checkbox"/> 5 —</i>		
Person in Charge <i>Teresa Clewinger</i>	Certified Food Handler <i>Teresa Clewinger 3/2022</i>		
Responsible Person's E-mail <i>N/A</i>			

• 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 this inspection -</i>	
			<i>OK 2/22/19</i>	



Received by (name and title printed): <i>Teresa Clewinger Manager</i>	Inspected by (name and title printed): <i>Dawn Smith - ASOB</i>
Received by (signature): <i>Teresa Clewinger</i>	Inspected by (signature): <i>Dawn Smith - ASOB</i>
cc:	cc: