



**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 <b>SWAYZEE ELEMENTARY</b>		Telephone Number <b>765-335-3341</b>	Date of Inspection <b>4-17-17</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>405 S WASHINGTON ST. SWAYZEE</b>		( ) Owner		
Owner <b>OAK HILL COMM SCHOOLS</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>4-27-17</b>
Owner's Address <b>1474 N 800W-27 CONVERSE</b>			Summary of Violations: <b>C NC R</b>	
Person in Charge <b>Teresa Toy</b>			Menu Type (See back of page) <b>1 2 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>				
Certified Food Handler <b>MARIE KENDALL</b>				

- 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
			<b>No Violations at this inspection</b>	

Received by (name and title printed): <b>TERESA TOY</b>	Inspected by (name and title printed): <b>Renee Carr - ASIO / TRACI LITTLE - FSD</b>
Received by (signature): <i>Teresa Toy</i>	Inspected by (signature): <i>Traci Little</i>
cc:	cc: