

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.

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Establishme		/1 <i>=</i>	100 FIAMONIANON	Telephone Number			ID#
NORTHVIEW ELEMENTARY				() Antroo	MA	0/12	27
Establishment Address (number and street, city, state, ZIP code) 725 EAST NORTH H St. GAS City Owner MISSISSINEWA School Corp (1. Routine) Owner's Address							0
Owner			- 0 1	Purpose:	Follow-uj	Releas	e Dațe
Mis	5155	INI	School Cap	.1. Routine	NO	114	8/18
Owner's Address					Summary of Violations:		
424 E.S. "A" St. GAS Cuty				2. Follow-up 3. Complaint	Summary of violations:		
Person in C	harge	<	1174 + Boys	4. Pre-Operational	C NC R		
				5. Temporary			
Responsible		E-ma		6. HACCP	Menu Type (See back of page)		
			<u></u>	7. Other (<i>list</i>)			
Certified Fo	ood Handl VE	er S	ment-Bus		12	3	_4_×_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 Co	rrected By
		 					
							
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		with the	1000 W/1000 # DO11515	B. F. G. Ala	11=15	,	
* NOTE: WEED TO REVISE SILK EmployEE/ IN-FECTION CONTROL DOLLCY *							
INFECTION CONTROL DOLICY X							
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Received by (name and title printed): Inspected by (name and title printed):							
Y Janet L Boys, VI banager R/ARRAN - COEL							
Received by (signature): Inspected by (signature): Received by (signature):							
cc: cc: cc:							