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 Oak Hill Junior-Senior High School	**Telephone Number** (765) Establishment (395-3341) Owner	**Date of Inspection** (*mm/dd/yr*) 1-18-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 7756 W Delphi Pike			
Owner Oak Hill School Corp	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1474 N 800 W-27	2. Follow-up	**Summary of Violations:**	
Person in Charge Dana	3. Complaint 4. Pre-Operational	C___ NC___ R___	
Responsible Person's E-mail —	5. Temporary 6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler Dana South Exp 3-2027	7. Other (*list*) ___	1___ 2___ 3___ 4 X 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 Corrected By
			No Violations	

Received by (*name and title printed*): Sally Adams	Inspected by (*name and title printed*): Scott Kilendall
Received by (*signature*): Sally Adams	Inspected by (*signature*): Scott Kilendall 0570
cc:	cc: / cc: