RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Brown County Health Department
P.O. Box 281, Nashville, IN 47448
812-988-2255

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: Brown County High School	**Telephone Number**: 8122825-5621 ( )	**Date of Inspection** (*mm/dd/yr*): 5/01/25	**ID #**
Establishment Address (*number and street, city, state, ZIP code*): 235 Schoolhouse Lane			
Owner: Compass Group / Chartwells	**Purpose:** 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 5/12/2025
Owner's Address: 2400 Yorkmont Rd Charlotte NC		**Summary of Violations:** C Ø NC Ø R Ø	
Person in Charge: Don Hymer / Alex Kirts			
Responsible Person's E-mail: Don.Hymer@compass-usa.com		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Vicky Hondershot			

- 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 observed at time of inspection	

Received by (*name and title printed*): ~~Don Hymer~~ Alex Kirts	Inspected by (*name and title printed*): Jennifer Heller / Tiffany Pettit
Received by (*signature*): Alex Kirts	Inspected by (*signature*):
cc:	cc:
	cc: