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 HELMSBURG ELEMENTARY	**Telephone Number** (812) 988-6651	**Date of Inspection** (*mm/dd/yr*) 01/03/2025	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 5378 HELMSBURG RD	( )		
Owner Compass group llc / chartwells	**Purpose:** 1. Routine	**Follow-up** no	**Release Date** 01-03-2025
Owner's Address 2400 Yorkmont Rd Charlotte NC	2. Follow-up	**Summary of Violations:**	
Person in Charge Rebecca Bridlin	3. Complaint 4. Pre-Operational	C Ø NC Ø R Ø	
Responsible Person's E-mail DON.HYMER@compass-usa.com	5. Temporary 6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler CINDY BELDEN	7. Other (*list*)	1 2 3 X 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 Corrected By
			No violations observed at time of inspection	

Received by (*name and title printed*): Rebecca Cridlin	Inspected by (*name and title printed*): Erin Heller-Crowell EHS
Received by (*signature*): Rebecca Cridlin	Inspected by (*signature*): Erin Heller-Crowell
cc:	cc: / cc: