



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

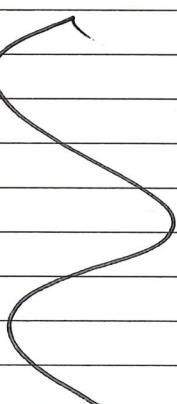


**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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 Northview Elementary School		Telephone Number (765) Establishment 6774400	Date of Inspection (mm/dd/yr) 1-14-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 237. North H st., Des City, Missouri 65020		Owner Missouri Dept. of Comm Schools	Follow-up No	
Owner Samie		Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ 	Release Date 10 Days	
Owner's Address Same		Summary of Violations: <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge Bobby		Menu Type (See back of page)		
Responsible Person's E-mail _____		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler Bobby Bell		10071522		

- 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
			<p>No Violations</p> 	

Received by (name and title printed):

Bobby BeFF

Received by (signature):

Bobby Bell

Inspected by (name and title printed)

cc:

cc:

CC