



**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 7-28, 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 <i>Northview Elementary</i>	Telephone Number <i>744-4400</i>	Date of Inspection <i>8/25/27</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>7255 North A St.</i>	Establishment <i>Owner</i>		
Owner <i>Mississinewa Community School</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <i>Bobby</i>	Follow-up <i>No</i>	Release Date
Owner's Address <i>424 E South A St.</i>	Summary of Violations: <i>P - P - C - F</i>		
Person in Charge <i>Bobby</i>	Menu Type (See back of page) <i>1 2 3 4 X 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Bobby Ruff - eop 7-15-2027</i>			

- 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"

Received by (name and title printed):

Inspected by (name and title printed):

Bobby Reff

Inspected by (name and title) Deon Smith

Received by (signature):

Inspected by (signature):

Bobby Buff

Inspected by (signature):  
*John del T*

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