



# 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 <u>Oak Hill Junior / Senior High</u>	Telephone Number <u>761</u> <u>Establishment</u>	Date of Inspection <u>10/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>7256 W Delphi Pk Converse</u>	<u>395</u> <u>3341</u> <u>Owner</u>		
Owner <u>Oak Hill School Corp.</u>	Purpose:  <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)  <hr/>	Follow-up <u>NO</u>	Release Date <u>10/25</u>
Owner's Address <u>STAM</u>	Summary of Violations:  <u>C</u> <u>NC</u> <u>2</u> <u>R</u> <u>-</u>		
Person in Charge <u>Trene</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u> </u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		
Certified Food Handler <u>DANA SOUTH exp 3/2027</u>			

• 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):

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