



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 <i>RiverView Elementary</i>	Telephone Number () 785	Date of Inspection (mm/dd/yr) <i>1-28-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>513 West Buckingham Rd, Miami, FL 33162</i>	Establishment Owner <i>Miami Comm. Schools</i>		
Owner <i>Miami Comm. Schools</i>	Purpose: <ul style="list-style-type: none"><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>Cinnamon</i>	Follow-up	Release Date <i>100 Days</i>
Owner's Address <i>None</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Cinnamon</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i>—</i>			
Certified Food Handler <i>Cinnamon Coffey</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*

Cinnamon Coffey

Inspected by name and signature: Frank Hellum 5-12
Inspected by signature:

Received by (signature):

Inspected by (signature):

Cinnamon Coffee

[Handwritten signature of the author, followed by a small '221' at the bottom right.]

CC:

687

cc