



**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>Swary 2nd Elementary</i>	Telephone Number (<i>765</i>) Establishment <i>395-3341</i>	Date of Inspection (mm/dd/yr) <i>1-28-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>405 S. Washington St. Swary 2nd</i>	Owner <i>Oriskany School Corp</i>	Purpose: 1. <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i> Release Date <i>10 days</i>
Owner's Address <i>1474 N 800 W 27</i>	Person in Charge <i>Teresa</i>	Summary of Violations: <i>C - NC - R -</i>	
Responsible Person's E-mail	Certified Food Handler <i>DANA FOOTH</i> <i>3-2017</i>	Menu Type (See back of page) <i>1 2 3 4 5</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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No violations -</i>	

Received by (name and title printed): <i>TERESA TOY</i>	Inspected by (name and title printed): <i>Dana Footh</i>
Received by (signature): <i>Teresa Toy</i>	Inspected by (signature): <i>Dana Footh</i>
cc:	cc: