



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>Swanson Elementary</i>	Telephone Number (716) 395-3341	Date of Inspection (mm/dd/yr) 1/10/25	ID # 27
Establishment Address (number and street, city/state, ZIP code) <i>614 N. Main St. / Seneca Falls</i>			
Owner <i>Clark H. / United School</i>	Purpose: 1. Routine	Follow-up No	Release Date 10 days
Owner's Address	Summary of Violations:		
Person in Charge <i>Danita Stephen</i>	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Responsible Person's E-mail	Menu Type (See back of page)		
Certified Food Handler <i>Danita South</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		

• 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):

Deena Stepler

Respected by (name and title printed).
Dear Mr. Smith F.S.I.

Received by (signature):

Inspected by (signature)

Received by (Signature):
Dana Stedee

Inspected by (signature):

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