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 Sweetser Elementary	**Telephone Number** (765 Establishment (395 Owner 3341	**Date of Inspection** *(mm/dd/yr)* 1-28-22	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 614 N Main St Sweetser			
Owner Oak Hill School Corp	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1474 N 800 W - 27		**Summary of Violations:** C__ NC__ R__	
Person in Charge Marcy Goodpaster		**Menu Type** *(See back of page)* 1 2 3 4 X 5	
Responsible Person's E-mail			
Certified Food Handler Dawn Smith 3-2017			

- 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
			- No violations -	

Received by (*name and title printed*): Marcy Goodpaster	Inspected by (*name and title printed*): Dawn Smith RS
Received by (*signature*): Marcy Goodpaster	Inspected by (*signature*): RS

cc:	cc:	cc: