



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 7-21, 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>Westview Elementary</u>	Telephone Number <u>705 619 4637</u> Establishment	Date of Inspection (mm/dd/yr) <u>8-19</u>	ID # <u>29</u>
Establishment Address (number and street, city, state, ZIP code) <u>709 W lot 8</u>			
Owner <u>Mississinew Community School</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>FRANCES REERY</u>	Follow-up <u>NU</u>	Release Date
Owner's Address <u>424 E South A</u>	Summary of Violations: <u>P - pf - b - R</u>		
Person in Charge <u>FRANCES REERY</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>FRANCES REERY exp 3-2026</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):

Frances Percy

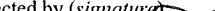
Inspected by (name and title printed):

Inspected by (name and title printed):
Debra Jones

Received by (signature):

Received by (signature): Frances Lucy

Inspected by (signature)

Inspected by (signature):  CC: 

66

66

CC