RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

LCHD
219-755-3655

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 George Earle Elementary	**Telephone Number** ( ) Establishment (942-7263 Owner	**Date of Inspection** *(mm/dd/yr)* 2/14/	**ID #** NFP 14
Establishment Address *(number and street, city, state, ZIP code)* 400 N. Wilson ST. Hobart			
Owner School City of Hobart	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** / **Release Date**	
Owner's Address		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Martha Waddell			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler Martha Waddell 11/20/18 Denise Stephens 11/20/18			

- **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 at this time.	

Received by *(name and title printed)*: Martha Waddell	Inspected by *(name and title printed)*: Joellen S. Trojnar Sanitarian
Received by *(signature)*: Martha Waddell	Inspected by *(signature)*: Joellen S Trojnar

cc:	cc:	cc: