RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

LAKE COUNTY HEALTH DEPT.
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: Hobart High School	**Telephone Number**: ( ) Establishment 219 ( ) Owner 942-8521	**Date of Inspection** (*mm/dd/yr*): 10-9-13	**ID #**: NFP-B
Establishment Address (*number and street, city, state, ZIP code*): 2211 E. 10th ST. Hobart			
Owner: School City of Hobart	**Purpose**: 1. Routine (circled)	**Follow-up**	**Release Date**
Owner's Address	2. Follow-up	**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge: Mrs Santillan 10/30/14	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*): 1 2 3 ✓ 4 5	
Certified Food Handler: Kim Santillan 10/30/14	5. Temporary		
	6. HACCP		
	7. Other (*list*)		

- **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*): Kim Santillan	Inspected by (*name and title printed*): JOELLEN S. TROJNAR SANITARIAN
Received by (*signature*): Kim Santillan	Inspected by (*signature*): Joellen S. Trojnar
cc:	cc:
cc:	cc: