



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

LCHD
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 <i>George Earle Elementary</i>	Telephone Number <i>219 942-7263</i>	Date of Inspection (mm/dd/yr) <i>9.25.19</i>	ID # <i>NFP-19</i>
Establishment Address (number and street, city, state, ZIP code) <i>4221 N. Wilson St Hobart IN 4, 242</i>		Follow-up	Release Date
Owner <i>School City of Hobart</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC R</i>	
Owner's Address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Lisa Williams</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Lisa Williams</i>			

• 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
	C		Absence of 3-Compartment sink Currently using passageway for sanitizing in one sink basin (NO DISWASHER) *concerns w/ paper sanitizing sanitizing methods - employees doing the best to their ability	
	C		Absence of employee handwash sink - Currently using hand sink in restroom Please investigate ways to correct these violations by next inspection	
			School feeds students in peak K during open and hand sanitizing	

Received by (name and title printed) <i>Improv Santillana</i>	Inspected by (name and title printed) <i>K. Fife-Smitonen</i>
Received by (signature) <i>Improv Santillana</i>	Inspected by (signature) <i>K. Fife</i>
cc:	cc: