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 Tom Martin Elementary School	**Telephone Number** 219947.7869 ( )	**Date of Inspection** (mm/dd/yr) 9.30.19	**ID #** NFP-19
Establishment Address (*number and street, city, state, ZIP code*) 301 E. 10th St. Hobart IN 46342			
Owner School City of Hobart	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address	2. Follow-up	**Summary of Violations:**	
Person in Charge Michelle Boyd	3. Complaint 4. Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	5. Temporary 6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Michelle Boyd 5.25.21	7. Other (*list*)	1 2 (3) 4 5	

- 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.	
			Grades 1-5	
			500 students	

Received by (*name and title printed*) M. Boyd	Inspected by (*name and title printed*) K. Fite - Sanitarian
Received by (*signature*) M Boyd	Inspected by (*signature*) Karen Fite
cc:	cc: / cc: