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: Hobart Middle School	**Telephone Number**: 219 942-8541 ( )	**Date of Inspection** (*mm/dd/yr*): 10-7-19	**ID #**: NFP-19
Establishment Address (*number and street, city, state, ZIP code*): 36 E. 8th St. Hobart IN 46342			
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: Cynthia Pindora			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 (3) 4 5	
Certified Food Handler: Cynthia Pindora 10/23			

- 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*): CYNTHIA PINDORA	Inspected by (*name and title printed*): K. Fite - Sanitarian
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: