



# 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>Ridge View Elementary</i>	Telephone Number <i>219-942-5614</i>	Date of Inspection (mm/dd/yr) <i>9-25-19</i>	ID # <i>NFP-11</i>
Establishment Address (number and street, city, state, ZIP code) <i>2722 W Old Ridge Rd H... - 4742</i>	( )		
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)	Follow-up	Release Date
Owner's Address		Summary of Violations: <i>C / NC / R /</i>	
Person in Charge <i>Tracy Coslett</i>		Menu Type (See back of page) <i>1 2 (3) 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Tracy Coslett</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
	<i>C</i>		<i>Absence of 3 Compartment Sink - Currently using 2 Compartment Sink r 30 wash and sanitize Observed employee using sink for from a spray bottle to sanitize dishes (No Dishwasher)</i>	
			<i>Please investigate ways to prevent repeat violation</i>	
			<i>Items 1-5 - 295 recalled</i>	

Received by (name and title printed): <i>Tracy E Coslet</i>	Inspected by (name and title printed): <i>K Fite-Santurcia</i>
Received by (signature): <i>Tracy E Coslet</i>	Inspected by (signature): <i>Karen Fite</i>
cc:	cc: