



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>Veterans Elementary School @ Mendell</i>	Telephone Number <i>219 947-2413</i>	Date of Inspection (mm/dd/yr) <i>9.14.20</i>	ID # <i>NFP. 20</i>
Establishment Address (number and street, city, state, ZIP code) <i>52 N. Wisconsin St. Hobart IN 46342</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 0 NC 0 R 0</i>	
Person in Charge <i>Tracy Coslet</i>		Menu Type (See back of page)	
Responsible Person's E-mail		<i>1 2 3 4 5</i>	
Certified Food Handler <i>Tracy Coslet</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>Upon inspection, students enter cafeteria w/ masks, left apart while adults hand them a lunch in a disposable container. All food items are pre-packaged or sealed and placed inside. Students are seated left apart. 1-2 per table.</i>	
			<i>Establishment is following Executive Order 20.42, a third continuation of Phase 4.5</i>	
			<i>I observed all students and staff wearing the proper protective facial coverings.</i>	
			<i>No Violations at this time</i>	

Received by (name and title printed): <i>Tracy Coslet</i> <i>MANAGER</i>	Inspected by (name and title printed): <i>K. Fife-Soriterian</i>
Received by (signature): <i>Tracy Coslet</i>	Inspected by (signature): <i>Karen Fife</i>
cc:	cc: