RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

LAKE COUNTY HEALTH DEPT.
219-755-3655

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 Joan Martin Elementary School	**Telephone Number** ( ) Establishment (219) Owner 942-0411	**Date of Inspection** *(mm/dd/yr)* 2/25/14	**ID #** NFR 14
Establishment Address *(number and street, city, state, ZIP code)* 301 E. 10th ST. Hobart			
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 Cindy Helding			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler Cindy Helding 11/20/18			

- 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*):

Inspected by (*name and title printed*):
JOELLEN S. TROJNAR SANITARIAN

Received by (*signature*): Cindy Helding

Inspected by (*signature*): Joellen S Trojnar

cc: | cc: | cc: