



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

LCHP
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 Liberty Elementary School	Telephone Number (219) Establishment 942-4251	Date of Inspection (mm/dd/yr) 3/4/14	ID # NFP 14
Establishment Address (number and street, city, state, ZIP code) 130 N. Liberty St. Hobart	Owner () Owner 942-4251	Follow-up	Release Date
Owner School City of Hobart	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C O NC O RO	
Owner's Address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in Charge Lonnie Ondo			
Responsible Person's E-mail			
Certified Food Handler Lonnie Ondo 11/20/12			

- 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): Lonnie Ondo	Inspected by (name and title printed): Joellen S. Troinar Sanitarian	
Received by (signature): Lonnie Ondo	Inspected by (signature): Joellen S. Troinar	
cc:	cc:	cc: