RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

LCHD
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 Hobart Middle School	**Telephone Number** (219) Establishment (942-8541) Owner	**Date of Inspection** (*mm/dd/yr*) 2/13/14	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 310 E. 8th ST. Hobart			
Owner School City of Hobart	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*) 1 2 3 ✓ 4 5	
Certified Food Handler	7. Other (*list*) _____		

- **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 Pindara	Inspected by (*name and title printed*): Joellen S. Trainor Sanitarian
Received by (*signature*): Cynthia Pindara	Inspected by (*signature*): Joellen S. Trainor
cc:	cc:
cc:	