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 Ridge View Elementary	**Telephone Number** (219) Establishment 942-5014 Owner	**Date of Inspection** *(mm/dd/yr)* 9-9-13	**ID #** NFP13
Establishment Address *(number and street, city, state, ZIP code)* 3333 W. Old Ridge 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			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler			

- 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*): Michele Witt	Inspected by (*name and title printed*): Joellen S. Trojnar Sanitarian
Received by (*signature*): Michele Witt	Inspected by (*signature*): Joellen S. Trojnar
cc:	cc: / cc: