



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

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

LC HD  
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>Liberty Elementary School</i>		Telephone Number <i>8191942-4251</i>	Date of Inspection (mm/dd/yr) <i>2.18.21</i>	ID # <i>NFP.21</i>	
Establishment Address (number and street, city, state, ZIP code) <i>130N. Liberty St Hobart IN 46342</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date	
Owner <i>School City of Hobart</i>		Summary of Violations: <i>C NCLO R O</i>			
Owner's Address <i>200 S Hobart Rd. Hobart IN 46342</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>			
Person in Charge <i>Nancy Smith</i>					
Responsible Person's E-mail					
Certified Food Handler <i>Michelle W.H</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/N/C	R	Narrative		To Be Corrected By
			<i>Educational Institution has developed a Covid Response Plan to implement measures and institute safeguards to ensure a safe environment for all students, faculty, staff, visitors, contractors, volunteers, and visitors regardless of age</i>		
			<i>Establishment following Executive Order 2-12 third continuation of County-based measures and restrictions based on the impact and spread of Covid-19 virus</i>		
			<i>No Violations at this time</i>		
Received by (name and title printed): <i>Michelle Witt</i>					Inspected by (name and title printed): <i>K.F. Sanitarian</i>
Received by (signature): <i>Michelle Witt</i>					Inspected by (signature): <i>Karen Fife</i>
cc:			cc:		