RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept
(574) 753-7760

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: Thompson Elementary School	Telephone Number: (574) 626-2604 Establishment; ( ) Owner	Date of Inspection (mm/dd/yr): 9/22/11	ID #: 98111
Establishment Address (number and street, city, state, ZIP code): 6540 E. 218 W., Walton IN 46994			
Owner: Southeastern School Corp.	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: No	Release Date: 10 days
Owner's Address: as above		Summary of Violations: C 0 NC 1 R 0	
Person in Charge: Melea Henry			
Responsible Person's E-mail:		Menu Type (See back of page): 1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
Certified Food Handler: Melea Henry			

- 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
433	NC		The mop is being stored improperly preventing proper drying	24 hrs

Received by (name and title printed): Melea L Henry	Inspected by (name and title printed): McCall Kitchel
Received by (signature): Melea L Henry	Inspected by (signature): McCall Kitchel
cc:	cc:
	cc: