RETAIL FOOD ESTABLISHMENT INSPECTION REPORT
State Form 48669 (R2/2-05)
SDH Form 51-0001

LCHD
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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
George Earle Elementary	(219) 947.2413	1-29-24	NFP.24
	( ) X 8955		

Establishment Address (number and street, city, state, ZIP code)
400 N. Wilson St. Hobart IN 46342

Owner	Purpose:	Follow-up	Release Date
School City of Hobart	1. Routine		

Owner's Address
200 S. Hobart Rd Hobart IN 46342

Purpose:
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list) _____

Summary of Violations:

C 0   NC 0   R 0

Person in Charge
Kelsey Szabo

Responsible Person's E-mail

Certified Food Handler

Menu Type (See back of page)

1 ___ 2 ___ (3) 4 ___ 5 ___

• 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):	Inspected by (name and title printed):
Kelsey Szabo	K. Fite Sanitarian
Received by (signature):	**Inspected by (signature):**
Kelsey R. Szabo	Kara Fite

cc:	cc:	cc: