



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

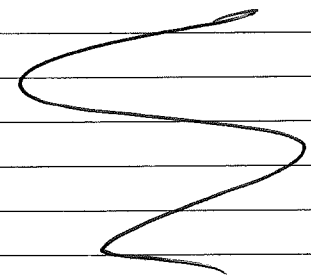
State Form 48669 (R2/2-05)  
SDH Form 51-0001

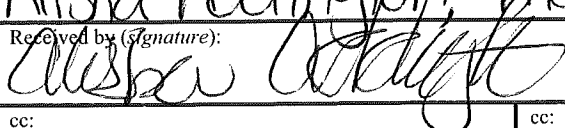
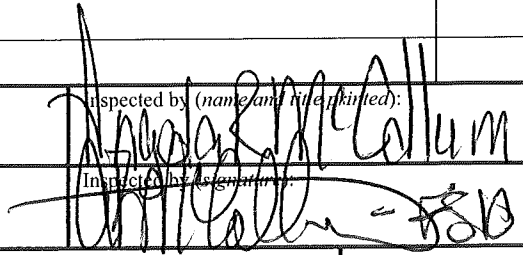
**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

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 <u>Westview Elementary</u>	Telephone Number (Establishment) <u>765 671 4437</u>	Date of Inspection (mm/dd/yr) <u>8/19/24</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>109 W. 6th St., Greensboro</u>	Owner <u>Mississinewa Comm. Schools</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>SAME</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>	
Person in Charge <u>Alisha</u>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>X</u> <u>5</u>	
Responsible Person's E-mail			
Certified Food Handler <u>Alisha Addington</u>	<u>11/2027</u>		

- 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
			<u>no violations</u>	
				

Received by (name and title printed): <u>Alisha Addington, Manager</u>	Inspected by (name and title printed): <u>Anna R. Callum</u>
Received by (signature): 	Inspected by (signature): 
cc:	cc: