



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Spencer County Health Department
200 Main Street
Rockport, Indiana 47635
(812) 649-4441

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>Luce Elementary</i>		Telephone Number <i>812 334 4401</i>	Date of Inspection (mm/dd/yr) <i>4-22-24</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1057 N CR 700 IN Richland</i>		() Owner		
Owner <i>SSC</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____	Follow-up	Release Date	
Owner's Address		Summary of Violations: C ___ NC ___ R ___		
Person in Charge <i>Maggie</i>		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___		
Responsible Person's E-mail				
Certified Food Handler <i>Maggie Caudill 9/2024</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/NC	R	Narrative	To Be Corrected By
<i>291</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>No Quartz test strips</i>	<i>4-30-24</i>

Received by (name and title printed): <i>x Maggie A Caudill</i>	Inspected by (name and title printed): <i>Kim Talley</i>
Received by (signature): <i>Maggie Caudill</i>	Inspected by (signature): <i>Kim Talley</i>
cc:	cc:



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Establishment Name <i>Rockport Elementary</i>		Telephone Number <i>812 649 2201</i>	Date of Inspection (mm/dd/yr) <i>4-20-21</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>S. 6th St. Rockport</i>		() Owner		
Owner <i>JSSC</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up	Release Date	
Owner's Address		Summary of Violations: C ___ NC ___ R ___		
Person in Charge <i>Gayle</i>		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___		
Responsible Person's E-mail				
Certified Food Handler <i>Gayle Bittel 1/26/25</i>				

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Section#	C/NC	R	Narrative	To Be Corrected By
<i>210</i>	<i>NC</i>		<i>TRAUlsen - gasket ripped Left bottom - Kitchen Side</i>	<i>5/17/21</i>

Received by (name and title printed): <i>Gayle Bittel</i>	Inspected by (name and title printed): <i>Kim Stallings</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name <i>South Spencer Middle</i>	Telephone Number <i>617-1044</i> Establishment <i>3203</i>	Date of Inspection (mm/dd/yr) <i>4-22-21</i>	ID #	
Establishment Address (number and street, city, state, ZIP code) <i>1249 N Orchard Rd Rockport</i>	() Owner	Follow-up		
Owner <i>SSC</i>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date	Summary of Violations: <i>C NC / R</i>	
Owner's Address	2. Follow-up	Menu Type (See back of page)		
Person in Charge <i>Hosts Cantrop</i>	3. Complaint	1 2 3 4 <input checked="" type="checkbox"/> 5		
Responsible Person's E-mail	4. Pre-Operational			
Certified Food Handler <i>Aime Tigger</i>	5. Temporary			
	6. HACCP			
	7. Other (list)			

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Section#	C/N/C	R	Narrative	To Be Corrected By
<i>329</i>	<i>NC</i>		<i>Faucet leaking in restroom</i>	<i>5/10</i>
			<i>Faucet & Handwash sink Kitchen area under 1st floor - trying to repair</i>	<i>5/10</i>
			<i>2 Dented cans (tomato sauce)</i>	<i>corrected</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Kim Staller</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name <i>South Spencer High School</i>	Telephone Number <i>812-649-9157</i>	Date of Inspection (mm/dd/yr) <i>4-22-21</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1142 N Orchard Rd Rockport</i>	() Owner	Follow-up	Release Date
Owner <i>SSSC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC 2 R 1</i>	
Owner's Address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Jane</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Jane Jagers 4/17/22</i>			

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Section#	C/NC	R	Narrative	To Be Corrected By
<i>218</i>	<i>NC</i>		<i>Victory refrigerator 07614 cold side 47°</i>	<i>4/23</i>
<i>430</i>	<i>NC</i>		<i>Dirt on hinges of walk in cooler - Appears water is leaking from outside - down front of door. Water lines & paper wet at one time.</i>	<i>5/25</i>
<i>218</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Dishwasher final rinse not displaying. Make sure final rinse temp registering. - Procter not on left.</i>	<i>5/5</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Kim Stalling</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: