Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Daviess County Health Department
Telephone (812) 254-8666
Fax (812) 254-8643

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 WASHINGTON JUNIOR/SENIOR HIGH SCHOOL	**Telephone Number** (812-254-3860 Establishment) (812-254-5536 Owner)	**Date of Inspection (mm/dd/yr)** 10/29/2024	**ID #** 10433
Establishment Address (number and street, city, state, zip code) 608 EAST WALNUT STREET, WASHINGTON, IN, 47501			
Owner WASHINGTON COMMUNITY SCHOOLS	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	Release Date 11/08/2024
Owner's Address 301 EAST SOUTH STREET, WASHINGTON, IN, 47501		Summary of Violations: C 0 NC 0 R 0	
Person in Charge WASHINGTON COMMUNITY SCHOOLS			
Responsible Person's E-mail eben.lips@sodexo.com		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler BRITTANY BURNS			

- **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 observed at time of inspection	

Received by (name and title printed): BRITTANY BURNS	Inspected by (name and title printed): L. Geoffrey Stoner - Environmental Health Specialist
Received by (signature): Brittany Burns	Inspected by (signature):

cc: taroe@wcs.k12.in.us	cc:	cc:

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Establishment Name WASHINGTON VEALE ELEMENTARY SCHOOL	**Telephone Number** ( ) Establishment 812-254-3968 ( ) Owner 812-254-5536	**Date of Inspection (mm/dd/yr)** 10/29/2024	**ID #** 10437
Establishment Address (number and street, city, state, zip code) 326 EAST 450 SOUTH, WASHINGTON, IN, 47501			
Owner WASHINGTON COMMUNITY SCHOOLS	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	**Release Date** 11/08/2024
Owner's Address 301 EAST SOUTH STREET, WASHINGTON, IN, 47501		Summary of Violations: C 0 NC 0 R 0	
Person in Charge WASHINGTON COMMUNITY SCHOOLS			
Responsible Person's E-mail bmilton@wcs.k12.in.us		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler BETH MILTON			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"**
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Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection	

Received by (name and title printed): BETH MILTON	Inspected by (name and title printed): L. Geoffrey Stoner - Environmental Health Specialist
Received by (signature): Beth Milton	Inspected by (signature):

cc: taroe@wcs.k12.in.us	cc:	cc:

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Establishment Name WASHINGTON PRIMARY SCHOOL (GRIFFITH)	**Telephone Number** ( ) Establishment 812-254-8360 ( ) Owner 812-254-5536	**Date of Inspection (mm/dd/yr)** 10/29/2024	**ID #** 10436
Establishment Address (number and street, city, state, zip code) 803 EAST NATIONAL HIGHWAY, WASHINGTON, IN, 47501			
Owner WASHINGTON COMMUNITY SCHOOLS	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	**Release Date** 11/08/2024
Owner's Address 301 EAST SOUTH STREET, WASHINGTON, IN, 47501		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge WASHINGTON COMMUNITY SCHOOLS			
Responsible Person's E-mail kwood@wcs.k12.in.us		**Menu Type** *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler KIM WOOD			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection	

Received by (name and title printed): KIM WOOD	Inspected by (name and title printed): L. Geoffrey Stoner - Environmental Health Specialist
Received by (signature): Kim Wood	Inspected by (signature):

cc: taroe@wcs.k12.in.us	cc:	cc:

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Establishment Name WASHINGTON INTERMEDIATE SCHOOL (LENA DUNN)	**Telephone Number** ( ) Establishment 812-254-8366 ( ) Owner 812-254-5536	**Date of Inspection (mm/dd/yr)** 10/29/2024	**ID #** 10435
Establishment Address (number and street, city, state, zip code) 801 NW 11TH STREET, WASHINGTON, IN, 47501			
Owner WASHINGTON COMMUNITY SCHOOLS	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	**Follow-up** No	**Release Date** 11/08/2024
Owner's Address 301 EAST SOUTH STREET, WASHINGTON, IN, 47501		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge WASHINGTON COMMUNITY SCHOOLS			
Responsible Person's E-mail sjones@wcs.k12.in.us		**Menu Type** *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler SHERRY JONES			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection	

Received by (name and title printed): SHERRY JONES	Inspected by (name and title printed): L. Geoffrey Stoner - Environmental Health Specialist
Received by (signature): Sherry S Jones	Inspected by (signature):

cc: taroe@wcs.k12.in.us	cc:	cc:

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Establishment Name WASHINGTON UPPER ELEMENTARY (NORTH)	**Telephone Number** ( ) Establishment 812-254-8363 ( ) Owner 812-254-5536	**Date of Inspection (mm/dd/yr)** 10/29/2024	**ID #** 10434
Establishment Address (number and street, city, state, zip code) 600 NE 6TH STREET, WASHINGTON, IN, 47501			
Owner WASHINGTON COMMUNITY SCHOOLS	**Purpose:** ☑ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list) _____	**Follow-up** No	**Release Date** 11/08/2024
Owner's Address 301 EAST SOUTH STREET, WASHINGTON, IN, 47501		Summary of Violations: C 0 NC 0 R 0	
Person in Charge WASHINGTON COMMUNITY SCHOOLS			
Responsible Person's E-mail jmartindale@wcs.k12.in.us		Menu Type *(See additional page)* 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○	
Certified Food Handler JULIE MARTINDALE			

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Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations observed at time of inspection	

Received by (name and title printed): JULIE MARTINDALE	Inspected by (name and title printed): L. Geoffrey Stoner - Environmental Health Specialist
Received by (signature): Julie Martindale	Inspected by (signature):

cc: taroe@wcs.k12.in.us	cc:	cc: