

## **RETAIL FOOD ESTABLISHMENT** INSPECTION REPORT

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

Brown County Health Department P.O. Box 281 Nashville, IN 47448

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 lin	nit for cor	rectio	n of each violation is specifie	d in the narrative por	rtion of thi	s report.			<b>1</b>	
Establishment Name						Telephone Number Date of In (mm/dd/y			ID#	
						( ) Establishment	(111110 11110 11111 11111 11111 11111 11111 11111 1111			
Establishment Address (number and street, city, state, ZIP code)						( ) % North Co				
Owner						Purpose:	Follow-up Release Date			
						1. Routine				
Owner's Address						2. Follow-up	Summary of Violations:			
·						3. Complaint				
Person in Charge						4. Pre-Operational	NC R			
Responsible Person's E-mail						5. Temporary 6. HACCP	Menu Type (See back of page)			
						7. Other (list)				
Certified Food Handler							12	3	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"										
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM						MMARY OF VIOLATIONS" A	ND IN THE N			
Section#	C/NC	R		Nari	rative			To Be C	orrected By	
		L_								
					_					
Received by (name and title printed):  Inspected by (name and title printed):										
						/				
Received by (signature):						Inspected by (signature):				
cc:				cc:			cc:	ec:		