

## 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 limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name		Telephone Number Date of I (mm/dd/y			ID#
		( ) Establishment	(mmuaw yr	,	
Establishment Address (number and street, city, state,	ZIP code)	( ) Chance			
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	C NC R		
Responsible Person's E-mail		5. Temporary 6. HACCP	Menu Type (See back of page)		
Contified Food Handley		7. Other ( <i>list</i> )			
Certified Food Handler			12	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKL	LIST AND NARRATIVE COLUMNS	MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPEC	CTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS".	AND IN THE N	ARRATIVE	BELOW AS "R"
Section# C/NC R	Narrative			To Be Co	orrected By
				_	
				_	
				-	
Received by (name and title printed):		Inspected by (name and title	e printed):		
Received by (signature):		Inspected by (signature):			
		Inspected by (signature):	_		