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
812-988-2255

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~24~~ 26 (8H), 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: Bear Wallow Distillery	Telephone Number: (812) 651-4923	Date of Inspection (mm/dd/yr): 4/21/2025	ID #:
Establishment Address (number and street, city, state, ZIP code): 4484 E. S.R. 46	( )		
Owner: Susan Spagnuolo	Purpose: 1. Routine	Follow-up: NO	Release Date: 5/01/2025
Owner's Address: same	2. Follow-up	Summary of Violations:	
Person in Charge: ADAM SPAGNUOLO	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail: susan@bearwallowdistillery.com	4. Pre-Operational		
Certified Food Handler: n/a by menu	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1 X 2 3 4 5	
	7. Other (list)		

- 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): SCOTT HAMPTON	Inspected by (name and title printed): TIFFANY PETIT, ASSISTANT EHS
Received by (signature): X	Inspected by (signature):

cc:	cc:	cc: