

## 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.

| The time lir                                                     | nit for cor | rectio  | n of each violation is specific | ed in the narrative p | portion of thi | is report.                   |                               |                       | •              |  |
|------------------------------------------------------------------|-------------|---------|---------------------------------|-----------------------|----------------|------------------------------|-------------------------------|-----------------------|----------------|--|
| Establishment Name                                               |             |         |                                 |                       |                | Telephone Number             | Date of Inspection (mm/dd/yr) |                       | ID#            |  |
|                                                                  |             |         |                                 |                       |                | ( ) Evublishme it            | (minually)                    |                       |                |  |
| Establishment Address (number and street, city, state, ZIP code) |             |         |                                 |                       |                | ( ) Alwhor                   |                               |                       |                |  |
| Owner                                                            |             |         |                                 |                       |                | Purpose: Follo               |                               | ollow-up Release Date |                |  |
|                                                                  |             |         |                                 |                       |                | 1. Routine                   |                               |                       |                |  |
| Owner's Address                                                  |             |         |                                 |                       |                | 2. Follow-up                 | Summary of Violations:        |                       |                |  |
| Por and Classic                                                  |             |         |                                 |                       |                | 3. Complaint                 | C NC D                        |                       |                |  |
| Person in Charge                                                 |             |         |                                 |                       |                | 4. Pre-Operational           | C NC R                        |                       |                |  |
| Responsible Person's E-mail                                      |             |         |                                 |                       |                | 5. Temporary                 | Menu Type (See back of page)  |                       |                |  |
|                                                                  |             |         |                                 |                       |                | 6. HACCP                     |                               |                       |                |  |
| Certified Food Handler                                           |             |         |                                 |                       |                | 7. Other (list)              | 12                            | 3                     | _45            |  |
| • CRITICAL                                                       | ITEMS AF    | RE IDI  | ENTIFIED IN THE CHECKLIS        | T AND NARRATIVE       | E COLUMNS I    | MARKED "C"                   | •                             | _                     |                |  |
| • VIOLATIO                                                       | N(S) REPE   | ATED    | FROM PREVIOUS INSPECTI          | ONS ARE DENOTEI       | D IN THE "SU   | MMARY OF VIOLATIONS" A       | ND IN THE N                   | NARRATIVI             | E BELOW AS "R" |  |
| Section#                                                         | C/NC        | R       |                                 | Na                    | arrative       |                              |                               | To Be C               | orrected By    |  |
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|                                                                  |             |         |                                 |                       |                |                              |                               |                       |                |  |
| Received by                                                      | (name and   | l title | printed):                       |                       |                | Inspected by (name and title | printed):                     |                       |                |  |
| ·                                                                |             |         |                                 |                       |                |                              |                               |                       |                |  |
| Received by (signature):                                         |             |         |                                 |                       |                | Inspected by (signature):    |                               |                       |                |  |
| cc:                                                              |             |         |                                 | cc:                   |                |                              | cc:                           |                       |                |  |

## MENU TYPE

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| An and a second an | Pre-packaged non-potentially hazardous foods. Limited preparation of nonpotentially hazardous foods.                                                                                                                                                                                                                                                                                                                                                                         |
| To TOO CONTROL OF THE TOTAL OF  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| REAL CONTRACTOR OF THE CONTRACTOR OF T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| PARTITION OF THE PARTITION OF T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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