



# 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.

<b>Establishment Name</b>		<b>Telephone Number</b> ( ) Establishment		<b>Date of Inspection</b> (mm/dd/yr)	<b>ID #</b>																																																																																																																																							
<b>Establishment Address</b> (number and street, city, state, ZIP code)		( ) Owner																																																																																																																																										
<b>Owner</b>	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	<b>Follow-up</b>	<b>Release Date</b>																																																																																																																																									
<b>Owner's Address</b>		<b>Summary of Violations:</b>																																																																																																																																										
<b>Person in Charge</b>		C___ NC___ R___																																																																																																																																										
<b>Responsible Person's E-mail</b>		<b>Menu Type</b> (See back of page)																																																																																																																																										
<b>Certified Food Handler</b>		1___ 2___ 3___ 4___ 5___																																																																																																																																										
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>																																																																																																																																												
<table border="1"> <thead> <tr> <th>Section#</th> <th>C/NC</th> <th>R</th> <th>Narrative</th> <th>To Be Corrected By</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Section#	C/NC	R	Narrative	To Be Corrected By																																																																																																																																		
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<b>Received by</b> (name and title printed):		<b>Inspected by</b> (name and title printed):	
<b>Received by</b> (signature):		<b>Inspected by</b> (signature):	
<b>cc:</b>	<b>cc:</b>	<b>cc:</b>	

## MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of nonpotentially hazardous foods.
2	Limited menu ( <i>1 or 2 main items</i> ). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheating are limited to 1 or 2 potentially hazardous foods.
3	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day-service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.
4	Extensive handling of raw ingredients. Preparation processes include the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous foods. Food processes include advanced preparation for next-day service. Category would also include those facilities whose service population is highly susceptible.
5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.