



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Clinton County Health Department

1234 Rossville Ave., Ste. B

Frankfort, IN 46041

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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.

TIME IN - 11:46 AM
shment Sanitation Requirements.
TIME OUT - 12:00

Establishment Name <i>Bridgby Coffee</i>	Telephone Number <i>(812) 318-4224</i>	Date of Inspection <i>8/2/25</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>2474 E. WABASH ST</i>	()		
Owner <i>CHRIS SALZARULO</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i> 	Follow-up	Release Date <i>100 DAYS</i>
Owner's Address <i>3281 N CRICKWOOD, TIPTON, IN</i>	Summary of Violations: C NC R		
Person in Charge <i>CHRIS SALZARULO</i>			
Responsible Person's E-mail <i>CSALZARULO@gmail.com</i>	Menu Type (See back of page) <i>RISK CAT</i>		
Certified Food Handler <i>Chris Salzarulo</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/>		

- 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"

Received by (name and title printed): <i>Chris Salazarlo</i>	Inspected by (name and title printed): <i>Rodney Wann, EHS</i>	
Received by (signature): <i>Chris Salazarlo</i>	Inspected by (signature): <i>Rodney Wann</i>	
CC:	CC:	CC: