RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept.
(574) 753-7760

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.

Establishment Name: Accents of Elegance / Carriage Barn Candles	Telephone Number: 722-2228	Date of Inspection (mm/dd/yr): 1/29/09	ID #: 99225
Establishment Address (number and street, city, state, ZIP code): 523 E. Market			
Owner: Doug Weaver	Purpose: 1. Routine.	Follow-up: NO	Release Date: 2-8-09
Owner's Address: as above	2. Follow-up	Summary of Violations:	
Person in Charge: Doug Weaver	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
	6. HACCP		
Certified Food Handler: Doug Weaver	7. Other (list)	1 2 X 3 4 5	

• 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 –	

Received by (name and title printed): X Doug Weaver	Inspected by (name and title printed): Karen LaTourrette Chief Food Specialist
Received by (signature): X Doug Weaver	Inspected by (signature): Karen LaTourrette EHS/CBM
cc: S. Frank, Admin, CPPM	cc:
cc:	