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 B & K West	**Telephone Number** 753-3917	**Date of Inspection** *(mm/dd/yr)* 3/26/09	**ID #** 98007
Establishment Address *(number and street, city, state, ZIP code)* 1101 W. Market			
Owner Brenda + Kim Graham	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 4-5-09
Owner's Address 1514 E. Broadway		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Brenda Graham			
Responsible Person's E-mail —		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler Kim + Brenda Graham exp 11/10/09			

- 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 Brenda Graham	Inspected by *(name and title printed)*: Karen LaTourrette Chief Food Specialist
Received by *(signature)*: X Brenda Graham	Inspected by *(signature)*: Karen LaTourrette EHS, CFSM

cc:	cc:	cc: