RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

CASS CO. 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 BACKYARD BISON BUNCH	**Telephone Number** (574) [illegible] Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 09/26/09	**ID #** 09019
Establishment Address (*number and street, city, state, ZIP code*) MOBILE (CHEIF COGAN)			
Owner JELLISON & OFFENBERGER'S	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** No	**Release Date** 10 DAYS
Owner's Address 8809 E 600 N TWELVE MILE		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Scott Jellison			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 ___ 2 X 3 ~~X~~ 4 ___ 5 ___	
Certified Food Handler BETH JELLISON			

- 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*): Scott Jellison Owner	Inspected by (*name and title printed*): Robert McLaughlin, BS, EHS
Received by (*signature*): [signature]	Inspected by (*signature*): [signature], BS, EHS
cc:	cc:
cc:	