



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

Cass County Health Department
(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 <i>Baptist Temple</i>	Telephone Number () Establishment <i>753-8941</i> () Practice	Date of Inspection (mm/dd/yr) <i>11/12/09</i>	ID # <i>98183</i>	
Establishment Address (number and street, city, state, ZIP code) <i>700E Broadway</i>		Owner <i>As Above</i>	Follow-up <i>No</i>	
Owner's Address <i>As Above</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date <i>10 days</i>	Summary of Violations: <i>C 2 NC 2 R 0</i>	
Person in Charge <i>Margaret VanVleet</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail		Certified Food Handler <i>Margaret VanVleet</i>		

- 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/N/C	R	Narrative	To Be Corrected By
138	NC		Food Handlers shall wear hair restraints while in food prep area.	48 Hrs
245	NC		Wet wiping ^{clothes} shall be stored in chemical sanitizer as specified under sect. 294.	24 Hrs
294	C		A food establishment approved sanitizer used for manual warewashing must be present in accordance with manufacturer's label.	24 24 Hrs
438	C		Working containers of poisonous or toxic materials must be clearly identified with common name	24 Hrs

Received by (name and title printed): <i>Margaret VanVleet</i> <i>treas.</i>	Inspected by (name and title printed): <i>Cory Wolford, B.A., EHS</i>
Received by (signature): <i>Margaret VanVleet</i>	Inspected by (signature): <i>Cory Wolford</i>
cc:	cc: