



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.

Form with fields: Establishment Name (Bob Evans Farms Inc. #2021), Telephone Number (574)722-1028, Date of Inspection (03/06/09), ID # (01019), Establishment Address (3815 US Hwy 24 E.), Owner (same as above), Purpose (2. Follow-up), Follow-up/Release Date (03/16/09), Owner's Address (3776 S. High St., Columbus OH 43207), Person in Charge, Responsible Person's E-mail, Certified Food Handler (Debra Wagner), Summary of Violations (C O NC O RO), Menu Type (1 2 3 X 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten notes about cleaning invoices and food prep area inspection.

Signature blocks for Received by (Debra S. Wagner) and Inspected by (Robert McLaughlin, BS EHS), plus a cc field with signature of John Lisle, EHS, CFM.