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 Bob Evans Farms Inc. # 2021	**Telephone Number** ( ) Establishment ( ) Owner 722-1028	**Date of Inspection** *(mm/dd/yr)* 4/14/09	**ID #** 01019
Establishment Address *(number and street, city, state, ZIP code)* 3815 US Hwy 24 E.			
Owner as above	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 4-24-09
Owner's Address 3776 S. High St, Columbus OH 43207		**Summary of Violations:** C 1 NC 1 R ~~0~~	
Person in Charge Debra Wagner			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Debra Wagner			

- 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
128	C		The employee at the dishmachine is using a hand dip of sanitizer and a cloth towel for washing & drying her hands.	1 hour.
295	NC		Areas under the west end of the grill have a build up of a greasy substance.	1 week

Received by (*name and title printed*): X Debra S. Wagner, G.M.	Inspected by (*name and title printed*): Karen LaTourrette Chief Food Specialist
Received by (*signature*): X Debra S. Wagner G.M.	Inspected by (*signature*): Karen LaTourrette EHS, CFSM
cc:	cc:
cc:	cc: