RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept.
(574) 753-7763

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 Bolon's Donuts, Inc.	**Telephone Number** (574) 722-1044 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 2/24/09	**ID #** 04021
Establishment Address *(number and street, city, state, ZIP code)* 1401 E. Broadway			
Owner Shawn & Kim McLochlin	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 3.6.09
Owner's Address as above		**Summary of Violations:** C 1 NC 0 R 1	
Person in Charge Cindy Wilson		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Shawn McLochlin			

- 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
294	C	✓	The sanitizer bucket tested 0ppm	Corrected

Received by (*name and title printed*):
xCindy Wilson

Received by (*signature*):
xCindy Wilson

Inspected by (*name and title printed*):
Karen LaTourrette Chief Food Specialist

Inspected by (*signature*):
Karen LaTourrette EHS, CFSM

cc: | cc: | cc: