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 Bubba's Smoke Shack, LLC	**Telephone Number** (765) 437-9755 (Establishment) ( ) (Owner)	**Date of Inspection** *(mm/dd/yr)* 1/7/09	**ID #** 09024
Establishment Address *(number and street, city, state, ZIP code)* 20th & Market St., Logansport, IN 46947			
Owner J. Derick Weaver	**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 4801 E. Co. Rd. 225N, Logansport, IN 46947		**Summary of Violations:** C X NC X R X	
Person in Charge J. Derick Weaver			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler J. Derick Weaver			

- 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
			Pre-Operation Inspection	
		—	Test strips for Quat. Amonio *Tested 200ppm	Corrected
		—	Meat Products Temped at Pork 151°F, 143.5 ; Beef 133.7 after 1½hr Cook	

Received by (*name and title printed*): J. Derick Weaver

Received by (*signature*): J. Derick Weaver

Inspected by (*name and title printed*): Cory D. Wolford, B.A. EHS

Inspected by (*signature*): Cory D Wolford

cc: | cc: | cc: