



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.

Form with fields for Establishment Name (Bubba's Smoke Shack, LLC), Telephone Number, Date of Inspection (11/23/09), ID # (09024), Owner (J. Derick Weaver), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C 1 NC 0 R 0), Menu Type (1 2 X 3 4 5), and 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 171, C, Employee observed not washing hands prior to placing on single-use gloves, Immediately.

Received by (name and title printed): J. Derick Weaver; Inspected by (name and title printed): Cory D. Wolford, B.A., EHS. Includes signature lines and cc: fields.