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 5th Street BBQ	**Telephone Number** (574) 727-4055	**Date of Inspection** *(mm/dd/yr)* 4-29-10	**ID #** ~~10999~~ 10002
Establishment Address *(number and street, city, state, ZIP code)* 334 S. 5th St, Logansport, IN 46947			
Owner Jeromey Brumett	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** Yes	**Release Date** 10 days
Owner's Address As Above		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Jeromey Brumett			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler Nicole Coldiron			

- 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
			No Violations Noted	
			Clear to Open	

Received by (*name and title printed*):	Inspected by (*name and title printed*): Cory Wolford, BA, CPFM, EHS
Received by (*signature*):	Inspected by (*signature*): Cory Wolford

cc:	cc:	cc: