



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 (5th St. BBQ), Telephone Number (574) 727-4055, Date of Inspection (5-26-10), ID # (10002), Owner (Jeromey Brumett), Purpose (1. Routine), Follow-up (Yes), Release Date (10 days), Person in Charge (Jeromey Brumett), Certified Food Handler (Nicole Coldiron), and Summary of Violations (C 0 NC 1 R 0).

- 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: 413, NC, R, Door to employee restroom must be fixed to a self closing device, 30 days.

Received by (name and title printed): Jeromey Brumett; Inspected by (name and title printed): Cory Wolford, BA, CPFM, EHS. Includes signature lines and cc: fields.