RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

CASS CO. 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 B & B CORNER STORE	**Telephone Number** (574) 626-3336 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 01-19-10	**ID #** 98022
Establishment Address *(number and street, city, state, ZIP code)* US 35 & SR 218, 429 N. MAIN ST.			
Owner B & B CORNER STORE, INC.	**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 AS ABOVE		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge HEATHER DEETER			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler HEATHER DEETER 09/2014			

- 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	

Received by (*name and title printed*): Heather Deeter	Inspected by (*name and title printed*): Robert McLaughlin, BS, EHS
Received by (*signature*): Heather Deeter	Inspected by (*signature*): Robert McLaughlin, BS, EHS

cc:	cc:	cc: