



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: Establishment Name (Bob-O-Link Drive Inn), Telephone Number (574) 643-4125, Date of Inspection (3-23-10), ID # (98157), Owner (Jeff & Deb Shanks), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Person in Charge (Deb Shanks), Certified Food Handler (Deb Shanks, 2012), Summary of Violations (C 1 NC 0 R 0), Menu Type (1 2 3X 4 5)

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 187, C, , chicken breast had an internal temperature 12 Hrs. of 127°F.

Received by (name and title printed): DEB SHANKS; Inspected by (name and title printed): Cory D. Wolford, BA, EHS; Received by (signature): Deb Shanks; Inspected by (signature): Cory D. Wolford; cc: (empty)