



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: Jacob Bell # 333, Telephone Number: (574) 737-8037, Date of Inspection: 8/1/11, ID #: 98052, Owner: K-Mac Enterprises, Inc., Purpose: 1. Routine, Follow-up: 10 days, Person in Charge: Barbara Graham, Certified Food Handler: Barbara Graham

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: 294, C, [], The sanitizers in the 3 bay sink and in the sanitizer bucket on the prep line were 200 ppm, Immediately

Received by (name and title printed): David Needles, Inspected by (name and title printed): Cory Wolford, BA, CP-ES, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: []