



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: Tienda Michoacan; Telephone Number: (574) 753-6438; Date of Inspection: 5/26/11; ID #: 00007; Owner: Maria Lopez; Purpose: 4. Pre-Operational; Summary of Violations: C 1 NC 1 R 2

- 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: 146, NC, R, Food labels were not specified by law, 14 days. Row 2: 173, C, R, Raw meat products were improperly stored in walk-in cooler, Corrected.

Received by (name and title printed): Gabriel Lopez; Inspected by (name and title printed): Cory Wolford, BA, CP-FS

Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]