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: Tri Green Tractor, LLC	**Telephone Number**: (574) 753-7535 Establishment; ( ) Owner	**Date of Inspection** (mm/dd/yr): 5/13/11	**ID #**: T1294
Establishment Address (number and street, city, state, ZIP code): 725 Burlington Ave			
Owner: As Above	**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			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 X 3 4 5	
Certified Food Handler			

- 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*):	Inspected by (*name and title printed*): Cory Wolford, BA, CP-FS
Received by (*signature*): Judy Fleetz	Inspected by (*signature*): Cory Wolford
cc:	cc:
cc:	