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: Uncle Bakes Pizza Inc.	**Telephone Number**: (574) 699-7939 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 12/13/11	**ID #**: 05020
Establishment Address (*number and street, city, state, ZIP code*): 203 S. California, Galveston, IN 46932			
Owner: Susan K. Baker	**Purpose**: 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: as above	2. Follow-up	**Summary of Violations**:	
Person in Charge: Susan Baker	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail	4. Pre-Operational 5. Temporary 6. HACCP	**Menu Type** (*See back of page*):	
Certified Food Handler: Meredith Baker	7. Other (*list*) _____	1 2 ✓ 3 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

Received by (*name and title printed*): Susan K Baker	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Susan K Baker	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	cc: