



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: The Walton Freeze; Telephone Number: (574) 626-0503; Date of Inspection: 8/5/11; ID #: 99231; Owner: Jim & Julie Chambers; Address: 120 S. Main St. Walton, IN 46994; Purpose: 1. Routine; Follow-up: No; Release Date: 10 days; Summary of Violations: C O NC O R O; Menu Type: 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No violations'.

Received by (name and title printed): JULIE CHAMBERS; Inspected by (name and title printed): McCall Kitcher; Received by (signature): Julie Chambers; Inspected by (signature): McCall Kitcher; cc: [blank]