



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (02/2-05)
SDH Form 51-0001

*Class 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 <i>Zek's Tasteful Treats</i>	Telephone Number <i>(765) 461-6009</i>	Date of Inspection <i>4-29-11</i>	ID # <i>77291</i>	
Establishment Address <i>9651 S. 400E, Walton, IN 46894</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>	
Owner <i>Lori Verbruyck</i>	Person in Charge <i>Lori Verbruyck</i>	Summary of Violations: <i>C 0 NCO RO</i>		
Owner's Address <i>As Above</i>	Responsible Person's E-mail <i>Lori.Verbruyck</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Certified Food Handler <i>Lori Verbruyck</i>	<i>4/17/15</i>			
<ul style="list-style-type: none"> • 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	N	R	Narrative
				<i>No violations noted</i>
To Be Corrected By				
Received by (name and title printed): <i>LORI A VERBRUYCK, OWNER</i>				
Inspected by (name and title printed): <i>Cory Wolford, BA, CP-FS</i>				
Received by (signature): <i>Lori Verbruyck</i>				
Inspected by (signature): <i>Cory Wolford</i>				
cc:				