

State Form 48669 (R2/2-05) SDH Form 51-0001

# VCHD 435-5695

Establishment  Establ	The time lin		ection	of each violation is specified in the narrative portion of this	Telephone Number	Date of Ins		ID#
Establishent Address (number and street, city, state, AP code)  Owner' St. F. LANSN   P. L. 1908  Owner's Address  Owner's Address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  1. 2. 3 1/4 5  Certified Food Handler  - Cother (list)  1. 2. 3 1/4 5  Narrative  To Be Corrected E  Narrative  To Be Corrected E  Read Bate (List)  AND DISC CEPANCIES  Page 1  AND DISC CEPANCIES  Page 2  Read Bate (List)  Follow-up 8  Summary of Violations:  C. N.C. R.  Menu Type (See back of page)  1. 2. 3 1/4 5  Menu Type (See back of page)  Narrative  To Be Corrected E  Narrative  To Be Corrected E  Read Bate (List)  AND DISC CEPANCIES  Read Bate (List)  Inspected by (name and title printed):	Maio	or 1	ALL	nch	Establishment	(mm/dd/yr)		
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# VCHD 435-5695

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Owner	P	JUK	el ha calloull	VIV	Purpose:	Follow-up	
Owner			41120		1. Routine	N	2-9-15
Owner's Ad	dress	-			2. Follow-up	Summary	of Violations:
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Person in C	harge	-				CO	NCO RO
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Responsible	Person's	E-mail		10 May 1	5. Temporary	Menu Ty	pe (See back of page)
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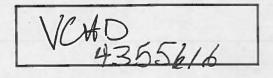
## VCHO 435-5295

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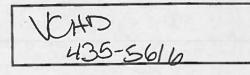




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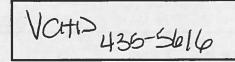


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The time lin	it for corr	ection o	f each violation is specified in the narrative portion of			
Establishme Establishme	and.	S (numb	er and street, city, state, ZIP code)	Telephone Number	Date of Inspe (mm/dd/yr)	ection ID#83
Owner Owner	81	Viad	ligar	Purpose:	Follow-up	
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The time limit for corr	ection of each violation is specified in the narrative portion	of this report.		
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Owner's Address		2. Follow-up	Summary of Viola	tions:
		3. Complaint		
Person in Charge		4. Pre-Operational	C_6 NC_	6 R
		5. Temporary		1
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234 NC	Wet wining cloths in	nanoperly Store	d CAT	rected
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act c		or browns	1	20-15
171	No dak marking			20-12
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295 NC	Nowfood contact Surfa	ces of equipme	UT 1-	-30-15
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VCHD 435-5695

The time lir	nit for corr	rection	of each violation is specified in the narrative portion	of this report.			
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

Establishme	ent Name		of each violation is specified in the narrative portion	Telephone Number  ( ) Establishment	Date of Inspe (mm/dd/yr)	ection	ID#
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Owner				Purpose:	Follow-up	Releas	100
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Owner's Ac	ldress			2. Follow-up	Summary	of Violatio	ns:
				3. Complaint		NC	200
Person in C			Hallman	4. Pre-Operational	C_C	NC	2 82
Responsible	Person's	<b>⊘</b> ∕ ∫ E-mail	Hallman	5. Temporary	Menu Type	e (See back	of page)
· coponion				6. HACCP		\	
Certified F			line Linckey	7. Other (list)  AEN DWN5R	12_	3	45
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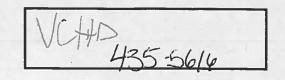


VCHD 435-5695

The time lir	nit for corr	ection of each	violation is s	pecified in the n	arrative portion of	this report.		
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rerson in C		her	11	Date		4. Pre-Operational	0	NC (2) KC
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• VIOLATIO	ON(S) REPE.	ATED FROM P	REVIOUS IN	SPECTIONS ARE	DENOTED IN THE	"SUMMARY OF VIOLATIONS"	ND IN THE NA	RRATIVE BELOW AS "R"
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State Form 48669 (R2/2-05) SDH Form 51-0001



The time n	init for correc	tion of each violation is s	pecified in the narrative port	non of this report.		
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State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD
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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.

stablishment Name		- 4	101	Telephone Number  ( ) Establishment	Date of Insp (mm/dd/yr)	ection	ID#
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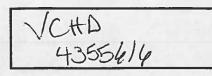
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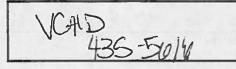
State Form 48669 (R2/2-05) SDH Form 51-0001



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INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001



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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 43556/6

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State Form 48669 (R2/2-05) SDH Form 51-0001

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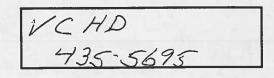


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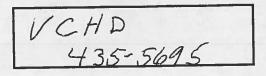




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Responsible	e Person's	E-mail	6. НАССР	Menu Typ	e (See back of page)
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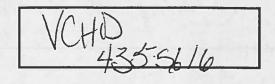
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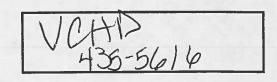
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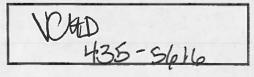


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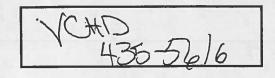




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State Form 48669 (R2/2-05) SDH Form 51-0001



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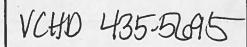
State Form 48669 (R2/2-05) SDH Form 51-0001

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State Form 48669 (R2/2-05) SDH Form 51-0001



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## VCHO 435-5695

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