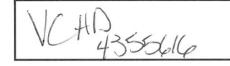


RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Telephone Number Telephone N	The time li	mit for corre	ection of	each violati	on is specifi	ed in the	narrative p	portion of th	is report.				
Other's Address LEdlowed A Pre-Operational S. Complaint Person in Charge 4. Pre-Operational S. Temporary G. HACCP Other (list) 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 B CNC R Narrative To Be Corrected By A C SAC Good SCAR Good SCAR Good Beginning to the printed: Inspected by (signature): Debaca & Fanklin A Actor Received by (signature): Debaca & Fanklin A Actor Received by (signature): Debaca & Fanklin A Actor Inspected by (signature):	Establishm	055	(number		OP city, state, Z	(IP code)			(HYEstablishment		(mm/dd/yr) 12 3l	015	02
Owner's Address Person in Charge 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 1 2 3 4 5 **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" **Sectional CNC R **Narrative To Be Corrected By 13 3 - 5 **Sectional CNC R **Responsible Person's E-mail **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" **Sectional CNC R **Narrative To Be Corrected By 13 3 - 5 **Sectional CNC R *	Owner									2		Relea	se Date
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New 1429/15cg RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 812-435-5695

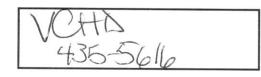
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time in	mit for cor	rection	of each violation is specified in the narrative portion of the	на герога.				
Establishm	ent Name, West	N	- Sissy	Telephone Number (Establishment 8/2-449-2865	Date of Inspection (mm/dd/yr)			
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Owner	19 7	4	+ 0000	Purpose:	Follow-up Release Date			
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				3. Complaint				
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Certified F	ood Handl	er	Com	7. Other (list)	1 2 ×3 4 5			
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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment Name Establishment Address (number and street, city, state, ZIP code)	Telephons Number Establishment Wher	Date of Inspection (mm/dd/yr) 1 2 8 5 6 2
Captarn D'S UC	Purpose: 1. Routine	Follow-up Release Date
Owner's Address	2. Follow-up 3. Complaint	Summary of Violations:
Person in Charge, de on	4. Pre-Operational	c2 NC 5 R 3
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)
Certified Food Handler	7. Other (list)	12_/345
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• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		ND IN THE NARRATIVE BELOW AS "R"
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