



State Form 22116 (R7 /12-04)
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. The time limit for correction of each violation is specified in the narrative portion of this report.

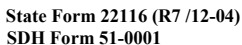
Establishment Name		Telephone Number () Establishment		Date of Inspection (mm/dd/yr)		ID #	
Establishment Address (number and street, city, state, zip code)		() Owner					
Owner		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up		Release Date	
Owner's Address				Summary of Violations: C _____ NC _____ R _____ Menu Type (See additional page) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____			
Person in Charge							
Responsible Person's E-mail							
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#	C/NC	R	Narrative				To Be Corrected By
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cc:		cc:			cc:		



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Person in Charge		C _____ NC _____ R _____	
Responsible Person's E-mail		Menu Type <i>(See additional page)</i>	
Certified Food Handler		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

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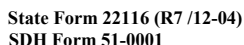


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Person in Charge		C_____ NC_____ R_____		
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Certified Food Handler		1____ 2____ 3____ 4____ 5____		

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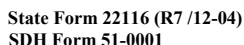


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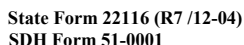


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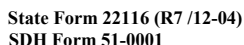


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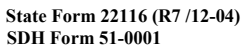
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