



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Brown County Health Department
P.O. Box 281
Nashville, IN 47448


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 () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code)				
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___		
Person in Charge		Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___		
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

Received by (name and title printed):		Inspected by (name and title printed):	
Received by (signature):		Inspected by (signature): 	
cc:	cc:	cc:	