RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

ADAMS CO. HEALTH DEPT.
313 JEFFERSON ST.
DECATUR, IN 46733
(260-724-5326

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 Clark Station	**Telephone Number** (✓) Establishment 724- ( ) Owner 9271	**Date of Inspection** (*mm/dd/yr*) 2-9-10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 205 Adams St - Decatur			
Owner Sewak	**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 (X) NC (1) R ( )	
Person in Charge Sewak S. Gill		**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
295	NC		Both Cappuccino machines next to Pepsi Dispensa soiled with asst food product.	1 day

Received by (*name and title printed*):

Inspected by (*name and title printed*):

Received by (*signature*): Manzit Gill

Inspected by (*signature*): Richard Thompson

cc: | cc: | cc: