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: K of C	**Telephone Number**: (✓) Establishment 724-2002; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 2-24-10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*): 1703 High St - Decatur			
Owner: K of C	**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: 1703 High St.		**Summary of Violations**: C 2 NC 0 R	
Person in Charge: Cindy Mendez & or Gene Mills			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 ✓3 4 5	
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	C		large can opener in small kitchen at Bar area is soiled with asst. food spillage	ASAP
191	C		fish in foil observed in Walk-in Cooler, wrapped, No date marking	ASAP

Received by (*name and title printed*): Cindy Mendez

Received by (*signature*):

Inspected by (*name and title printed*):

Inspected by (*signature*): Richard Thompson

cc:

cc:

cc: