

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

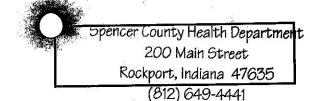
State Form 48669 (R2/2-05) SDH Form 51-0001 Spencer County Health Department 200 Main Street Rockport, Indiana 47635 (812) 649-4441

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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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



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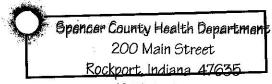
Spencer County Health Department 200 Main Street Rockport, Indiana 47635 (812) 649-4441

Owner's Address Person in Charge Responsible Person's E-ma Certified Food Handler	Spencer Middle mbet and street, city, state, ZIP code) Dr Would RO Right SSC III L TAGGET ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date Summary of Violations: CNCR Menu Type (See back of page) 12_3_45_				
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(812) 649-4441

The time limit for correction of each violation is specified in the narrative portion of case		Date of Inspection	ID#
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