

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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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.

				April 1985 September 1985	The second secon	ion of this rep		245 12	28		
Establishment Name Tookies Establishment Address (number and street, city, state, ZIP code)					C	elephone Number	(mm/dd/y	Date of Inspection (mm/dd/yr)			
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Owner			-		170	P	urpose:	Follow-	2.7	ase Date 2 2 1 1 3	
Orange A	ddroce	ErKon					1. Routine 2. Follow-up	-	Summary of Violations:		
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Person in Charge Dos Pear mod Responsible Person's E-mail Certified Food Handler Don Pear mad							4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C_	Menu Type (See back of page) 1 3 4 5		
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CRITICAL	. ITEMS AF	E IDENTIF	IED IN THE CH	ECKLIST AND N	ARRATIVE COL	LUMNS MAR	KED "C"	- 1			
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