

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

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 narra	ative portion of this report.	
Establishment Name	Telephone Number	Date of Inspection ID #
TEXAS KOAN HOUSE	() Establishment	(mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code)	() Owner	889
SOO W. M. Galliard D	2	
Owner /	Purpose:	Follow-up Release Date
HOOSIED KONINGE	1. Routine	405
Owner's Address	2. Follow-up	Summary of Violations:
33 +0 10 8 () mass	3. Complaint	Summary of Violations.
Person in Charge		C NC R
Name and American State of the Control of the Contr	4. Pre-Operational	
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
	6. HACCP	
Certified Food Handler	7. Other (list)	1 2 3 4 8 5
Certified Food Handlet	-	1
		- (
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEM	NOTED IN THE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"
Section# C/NC R	Narratiye	To Be Corrected By
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July 10 fairly	Participant of P	
with the R	equilibrents of	
inspection D	atecl 12/2	2/09
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