RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept.
(574) 753-7760

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: Aldi Inc. #27	**Telephone Number**: (317) 885-0808	**Date of Inspection** (*mm/dd/yr*): 5-11-09	**ID #**: 08024
Establishment Address (*number and street, city, state, ZIP code*): 4129 E. Market	( ) Owner: 753-2365		
Owner: as above	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 5-21-09
Owner's Address: 486 E. Stop Rd 18, Greenwood 46143	2. Follow-up	**Summary of Violations:**	
Person in Charge: Travis Evans	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP		
Certified Food Handler: exempt	7. Other (*list*)	1 X 2 3 4 5	

- 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
			No Violations	

Received by (*name and title printed*): X Travis Evans	Inspected by (*name and title printed*): Karen LaTourrette Chief Food Specialist
Received by (*signature*): X Tra E	Inspected by (*signature*): Karen LaTourrette EHS, CFSM
cc:	cc:
cc:	