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: American Legion Post #418	**Telephone Number**: ( ) Establishment 626-2625 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 6-2-09	**ID #**: 98115
Establishment Address (*number and street, city, state, ZIP code*): 111 S. Depot St., Walton			
Owner: as above	**Purpose**: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 6-12-09
Owner's Address: as above		**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge: Debra Gates			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Debra Darland			

- 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

Received by (*signature*): X

Inspected by (*name and title printed*): Karen LaTourrette Chief Food Specialist

Inspected by (*signature*): Karen LaTourrette EHS, CFSM

cc: | cc: | cc: