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: Applebees	Telephone Number: ( ) Establishment / ( ) Owner	Date of Inspection (mm/dd/yr): 8-8-09	ID #: 00014
Establishment Address (*number and street, city, state, ZIP code*): Taste of Cass County			
Owner: Apple American Group	Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; ~~6. HACCP~~; 7. Other (*list*): CATERING	Follow-up:	Release Date: 8-18-09
Owner's Address: 3326 E. Market		Summary of Violations: C ~~0~~ NC 0 R ~~0~~	
Person in Charge: Anthony Hughes			
Responsible Person's E-mail:		Menu Type (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Chastity Thurman			

- 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 Anthony Hughes (Com)

Received by (*signature*): X Anthony Hughes

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

Inspected by (*signature*): Karen LaTourrette EHS

cc: | cc: | cc: