



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.

Form with fields for Establishment Name (Applebee's), Telephone Number (7321599), Date of Inspection (10/29/09), ID # (00014), Address (3326 E. Market St, Logansport, IN), Owner (Apple American Group), Person in Charge (Nathan Frost), and 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for violations 295 (C) and 433 (NC).

Signature blocks for Received by (Nathan Frost), Inspected by (Cory D. Wolford), and cc: (Jean Seiler, Food Safety Inspector).