



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Department  
(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 <i>Area Five Agency on Aging</i>	Telephone Number ( ) <i>722-4451</i>	Date of Inspection (mm/dd/yr) <i>11/12/09</i>	ID # <i>98047</i>
Establishment Address (number and street, city, state, ZIP code) <i>600 Regency Place</i>			
Owner <i>As Above</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>1801 Smith St, Logansport, IN, 46947</i>		Summary of Violations: <i>C 1 NC 4 R 1</i>	
Person in Charge <i>Michelle Collins</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Michelle Irvin Collins</i>			

- 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
<i>177</i>	<i>NC</i>		<i>Bananas stored on floor, in shipping containers, in dry storage area. - Must be stored above floor level.</i>	<i>48 Hrs</i>
<i>294</i>	<i>C</i>		<i>Sanatizing bucket tested at approximately 50ppm</i>	<i>Immediately</i>
<i>309</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Ventilation equipment not adequate to remove steam from dishwasher</i>	<i>Upon Renovation</i>
<i>351</i>	<i>NC</i>		<i>Restroom for female use must provide a covered receptacle.</i>	<i>48 Hrs</i>
<i>352</i>	<i>NC</i>		<i>Restroom door must provide a self closing feature</i>	<i>5 days</i>

Received by (name and title printed): <i>Michelle Collins Kitchen Mgr</i>	Inspected by (name and title printed): <i>Cory D. Wolford, B.A., EHS</i>
Received by (signature): <i>Michelle Collins</i>	Inspected by (signature): <i>Cory Wolford</i>
cc:	cc: