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 Area Five Senior Center	**Telephone Number** ( ) Establishment 722-4451 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 11/12/09	**ID #** 02024
Establishment Address *(number and street, city, state, ZIP code)* 1801 Smith St, Logansport, IN 46947			
Owner Area Five Agency on Aging & Comm. Services	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** No	**Release Date** 10 days
Owner's Address As Above		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge Anita Emmerd			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Anita Emmerd			

- 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*): Anita Emmerd	Inspected by (*name and title printed*): Cory Wolford, B.A., EHS
Received by (*signature*): Anita Emmerd	Inspected by (*signature*): Cory Wolford

cc:	cc:	cc: