



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: Establishment Name (American Legion Post 418), Telephone Number (574) 626-2625, Date of Inspection (4/7/10), ID # (98115), Owner (As Above), Purpose (1. Routine), Follow-up (Yes), Release Date (10 day), Summary of Violations (C 0 NC 2 R 0), Menu Type (1 2 3 X 4 5), Certified Food Handler (Debra Gates).

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 413 NC Window & door were open to vent facility without having mesh screen to prevent insect or rodent entrance. 5 days. 130 NC Food prep is being performed where there is not a suitable hand sink. 5 days.

Received by (name and title printed): DONNA MANGAN; Inspected by (name and title printed): Cory D. Wolford, BA, CPFM, EHS; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Signature]