RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept
(574) 753-7763

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 Angies Reflections Tea Room - Catering	**Telephone Number** (574) 735-2112	**Date of Inspection** (mm/dd/yr) 6/9/10	**ID #** 01028
Establishment Address (*number and street, city, state, ZIP code*) 722 E Broadway, Logansport, IN, 46947			
Owner Angie Suiter	**Purpose:** 1. Routine (circled)	**Follow-up** No	**Release Date** 10 days
Owner's Address As Above	2. Follow-up	**Summary of Violations:**	
Person in Charge Angie Suiter	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
	6. HACCP		
Certified Food Handler Angie Suiter	7. Other (*list*)	1 ___ 2 ___ 3 X 4 ___ 5 ___	

• 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 Noted	

Received by (*name and title printed*): Angie Suiter	Inspected by (*name and title printed*): Cory Wolford, BA, CPFM, EHS
Received by (*signature*): Angie Suiter	Inspected by (*signature*): Cory Wolford
cc:	cc: / cc: