



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

Cass County Health Dept.
7763
(574) 753-~~0000~~

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>Applebee's</i>	Telephone Number <i>(574) 732-1599</i>	Date of Inspection (mm/dd/yr) <i>4/26/10</i>	ID # <i>00014</i>
Establishment Address (number and street, city, state, ZIP code) <i>3326 E. Market St, Logansport, IN 46947</i>		Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Apple American Group</i>	Purpose: 1. Routine <u>2. Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R 0</i>	
Owner's Address <i>As Above</i>		Menu Type (See back of page) <i>1 2 3X 4 5</i>	
Person in Charge Nathan <i>Anthony Hughes</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Nathan Frost</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
191	C		Ready-to-eat, potentially hazardous, refrigerated food (milk) was not date marked or was past the "best by date".	Corrected
218	NC		Ice scoop was fractured and chipped, in need of replacement.	3 days
294	C		Sanitizing solution measured 8ppm.	Corrected
413	NC		Back exit door had a gap below the door	5 days
418	NC		Employee's bag was being stored on shelf with and above food items.	Corrected

Received by (name and title printed): <i>Anthony Hughes General Manager</i>	Inspected by (name and title printed): <i>Cory Wolford, BA, CPEM, EHS</i>
Received by (signature): <i>Anthony Hughes</i>	Inspected by (signature): <i>Cory Wolford</i>
cc:	cc: <i>Stanley Davis</i>