RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass Co. 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.

Establishment Name Arbys #6604	**Telephone Number** ( ) Establishment 753-2619 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 1-20-10	**ID #** 05003
Establishment Address *(number and street, city, state, ZIP code)* 401 W. Market St., Logansport, IN, 46947			
Owner Arby's Restaurant Group	**Purpose:** 1. Routine (circled) 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 9311 N. Meridian Suite 100, Indianapolis, IN, 46260		**Summary of Violations:** C 0 NC 2 R 2	
Person in Charge		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Christiana Shockey			

- 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
234	NC	R	Ice bucket was not inverted. Ice scoop shall be stored in ice with handle not exposed to ice.	Corrected
138	NC	R	Food service employee observed packaging food without hair restraint.	24Hrs

Received by (*name and title printed*): Kevin Rodeen G.M	Inspected by (*name and title printed*): Cory Wolford, EHS
Received by (*signature*): Kevin Rodeen	Inspected by (*signature*): Cory Wolford

cc:	cc:	cc: