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.

Establishment Name: Area Five Senior Center	**Telephone Number**: (574) 722-4451 (Establishment) ( ) (Owner)	**Date of Inspection** (mm/dd/yr): 5-12-10	**ID #**: 02024
Establishment Address (*number and street, city, state, ZIP code*): 1801 Smith St, Logansport, IN 46947			
Owner: As Above	**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: Anita Emmerd	3. Complaint	C 0 NC 0 R 0	
Responsible Person's E-mail	4. Pre-Operational 5. Temporary 6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler: Anita Emmerd	7. Other (*list*)	1 2 X 3 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*): Anita J. Emmerd	Inspected by (*name and title printed*): Cory Wolford, BA, CPFM, EHS
Received by (*signature*): Anita J. Emmerd	Inspected by (*signature*): Cory Wolford
cc:	cc:
cc:	