



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 for Establishment Name (B&K West), Telephone Number (574) 753-3917, Date of Inspection (2-11-10), ID # (98007), Address (1101 W. Market St, Logansport, IN 46947), Owner (Brenda & Kim Graham), Purpose (4. Pre-Operational), Follow-up (No), Release Date (10 days), Summary of Violations (C 0 NC 0 RO), Menu Type (1 2 X 3 4 5), and Certified Food Handler (Brenda & Kim Graham).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'No Violations Noted'.

Received by (name and title printed): KIM GRAHAM; Inspected by (name and title printed): Cory Wolford, BA, EHS. Includes signature lines and cc fields.