



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Dept. (574) 253-7760

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 header section containing: Establishment Name (Bob Evans Farms, Inc #2021), Telephone Number ((574) 222-1028), Date of Inspection (3-26-10), ID # (01019), Establishment Address (3815 US Highway 24E, Logansport, IN 46947), Owner (As Above), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (3776 S. High St., Columbus, OH 43207), Person in Charge (Ishmael Rogers), Responsible Person's E-mail, Certified Food Handler (Debra Wagner), and Menu Type (1, 2, 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 129, C, R, Employee observed placing on new gloves prior to washing hands, Immediately.

Signature section containing: Received by (name and title printed): Ishmael Rogers; Received by (signature): [Signature]; Inspected by (name and title printed): Cory D. Wolford, BR, CPEM, EHS; Inspected by (signature): [Signature]; cc: [Blank]