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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
Subway	(574) Establishment 735-2929 ( ) Owner	8/16/11	06022

Establishment Address (number and street, city, state, ZIP code)	Purpose:	Follow-up	Release Date
3424 E. Market St., Logansport, IN 46947	1. Routine (circled)	No	10 days

Owner	Summary of Violations:
Dave Van Baalen	C 1 NC Ø R Ø

Owner's Address	
as above	

Person in Charge	

Responsible Person's E-mail	

Certified Food Handler	

Purpose:
1. Routine
2. ~~Follow-up~~
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (*list*) _____

Menu Type *(See back of page)*
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"

Section#	C/NC	R	Narrative	To Be Corrected By
294	C		The sanitizer measured Ø ppm	Immediately

Received by (*name and title printed*):	Inspected by (*name and title printed*):
Paige Ullery	McCall Kitchel
Received by (*signature*): Paige Ullery	Inspected by (*signature*): McCall Kitchel

cc:	cc:	cc: