



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: Establishment Name (Super 8 Motel), Telephone Number ((574) 722-1273), Date of Inspection (8/22/11), ID # (07034), Establishment Address (3801 E. Market St.), Owner (Mukerian Motel Mgmt.), Person in Charge (Elizabeth Scott), Purpose (Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C0 NC 0 R 0), Menu Type (1 checked).

- 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. Content: No violations

Received by (name and title printed): Elizabeth Scott; Inspected by (name and title printed): McCall Kitchert; Received by (signature): Elizabeth Scott; Inspected by (signature): McCall Kitchert; cc: (empty)