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: Susan's Corner Cupboard	**Telephone Number**: (574) Establishment 753-7415 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 8/25/11	**ID #**: 00043
Establishment Address (*number and street, city, state, ZIP code*): 2200 East Market St., Logansport, IN 46947			
Owner: Susan Hedges	**Purpose**: 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: as above	2. Follow-up	**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge: Vicki Smith	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*): 1✓ 2 3 4 5	
Certified Food Handler: N/A	5. Temporary		
	6. HACCP		
	7. Other (*list*)		

- 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	

Received by (*name and title printed*): VICKI L Smith (CASHIER)	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Vicki L Smith	Inspected by (*signature*): McCall Kitchel
cc:	cc:

cc: