



**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 <i>U-Know Pizza &amp; Sandwich</i>		Telephone Number (514) <i>722-5300</i>	Date of Inspection (mm/dd/yr) <i>12/14/11</i>	ID # <i>98179</i>
Establishment Address (number and street, city, state, ZIP code) <i>916 E. Market St, Logansport, IN 46947</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Mike &amp; Karen Mohrle</i>	Owner's Address <i>as above</i>	Person in Charge	Summary of Violations: <i>C 2 NC 0 R 0</i>	
Responsible Person's E-mail	Certified Food Handler <i>Karen Mohrle</i>	Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>		

- 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
345	C		<i>A can of mushrooms was sitting in the hand sink</i>	<i>corrected</i>
191	C		<i>Milk in the upright and several meat items in the prep coolers were not date-marked</i>	<i>immediately</i>

Received by (name and title printed): <i>KAREN MOHRLE</i>	Inspected by (name and title printed): <i>McCall Kitchel</i>
Received by (signature): <i>Karen Mohrle</i>	Inspected by (signature): <i>McCall Kitchel</i>
cc:	cc: