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: VFW Post 3790	**Telephone Number**: (574) 722-9879 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 11/9/11	**ID #**: 98026
Establishment Address (*number and street, city, state, ZIP code*): 1023 Erie Ave, Logansport, IN 46947			
Owner: as above	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: as above		**Summary of Violations:** C Ø NC 2 R Ø	
Person in Charge: Judi Haviland			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 ✓ 4 5	
Certified Food Handler: Judi Haviland			

- 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
234	NC		The bucket used to transport/store ice had packets of water in the bottom; should be inverted ad to drain properly	24 hrs
243	NC		Plates in the kitchen need to be covered or inverted	24 hrs

Received by (*name and title printed*): Judi A. Haviland	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Judi A Haviland	Inspected by (*signature*): McCall Kitchel
cc:	cc:
	cc: