RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Cass Co. 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: WAL-MART SUPERCENTER #1329	**Telephone Number**: (574) 732-0221 ( )	**Date of Inspection** (mm/dd/yr): 04/13/11	**ID #**: 10012
Establishment Address (number and street, city, state, ZIP code): 240 MALL RD., LOGANSPORT			
Owner: WAL-MART STORES EAST, LP	**Purpose**: 1. Routine (circled) 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: 702 SW 8th ST., BENTONVILLE, AR		**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 3 4 5 ✓	
Certified Food Handler: JASON FORD			

- 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): Bobby Rodgers Store Manager	Inspected by (name and title printed): Robert McLaughlin BS, EHS
Received by (signature):	Inspected by (signature):
cc:	cc: