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: West Side Diner	**Telephone Number**: (574) 753-3700 (Establishment) ( ) (Owner)	**Date of Inspection** (*mm/dd/yr*): 9/20/11	**ID #**: 07026
Establishment Address (*number and street, city, state, ZIP code*): 1120 W. Market St., Logansport, IN 46947			
Owner: Jerry + Jeri Balough	**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		**Summary of Violations**: C 2 NC 1 R Ø	
Person in Charge: Jerry Balough			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 ✓ 4 5	
Certified Food Handler: Jerry Balough			

- 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
136	C		Employees shall not have tobacco in area near clean dishes	Immediately (corrected)
191	C		A system of date-marking shall be effectively implemented fish in walk in & reach-in taco meat in reach in	24 hrs
234	NC		The bin which houses the ice scopp shall be free of dirt & debris	48 hrs (corrected)

Received by (*name and title printed*):	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Jerry Balough	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	cc: