RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Department
(574) 753-7766

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: Whitehouse Restaurant	**Telephone Number**: (574) 722-2419 (Establishment) ( ) (Owner)	**Date of Inspection** (mm/dd/yr): 10/25/11	**ID #**: 98029
Establishment Address (number and street, city, state, ZIP code): 87 S. 6th St. Logansport, IN 46947			
Owner: Karen Grisamore	**Purpose**: 1. Routine; 2. Follow-up (circled); 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 1 NC 0 R 1	
Person in Charge: Karen Grisamore			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 3 ✓ 4 5	
Certified Food Handler: Lester Hettinger			

- 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
187	C	R	There were eggs out @ 58°F	Immediately
			Noted: Management is working on Ben-Hur freezer sealant issues	

Received by (name and title printed): Karen S. Grisamore - Owner

Received by (signature): Karen Grisamore

Inspected by (name and title printed): McCall Kitchel

Inspected by (signature): McCall Kitchel

cc: | cc: | cc: