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: Worlds In	**Telephone Number**: (574) Establishment 702-3995 ( ) Owner	**Date of Inspection** (mm/dd/yr): 10/27/11	**ID #**: 09002
Establishment Address (number and street, city, state, ZIP code): 26 S. 3rd St., Logansport, IN 46947			
Owner: Kerry Worthington	**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 ~~0~~ NC 2 R 2	
Person in Charge: Tina Weatherwax			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 ✓ 3 4 5	
Certified Food Handler: Kenny Auspere			

- 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
310	NC	R	The grease filters are in need of cleaning	7 days
431	NC	R	The Physical area near food prep is in need of cleaning - walls & floors - especially near grill & fryer	15 days

Received by (name and title printed): Tina Weatherwax

Received by (signature): Tina Weatherwax

Inspected by (name and title printed): McCall Kitchel

Inspected by (signature): McCall Kitchel

cc: | cc: | cc: