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: Zip Thru II	**Telephone Number**: (574) Establishment 722-2592 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 8/25/11	**ID #**: 0610
Establishment Address (*number and street, city, state, ZIP code*): 601 Race St., Logansport, IN 46947			
Owner: Logan City Ice Inc	**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: as above.		**Summary of Violations:** C 0 NC 1 R 0	
Person in Charge: Kim Clear			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2✓ 3 4 5	
Certified Food Handler: N/A			

- 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
433	NC		The msp in back storage is stored improperly preventing proper drying	24 hours

Received by (*name and title printed*): Kim Clear	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Kim Clear	Inspected by (*signature*): McCall Kitchel
cc:	cc: / cc: