# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Cass County Health Department
(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**: Casey's General Store | **Telephone Number**: (574) 753-4298 Establishment; ( ) Owner | **Date of Inspection** (*mm/dd/yr*): 1/20/12 | **ID #**: 04011 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 1215 W. Market St, Logansport, IN 46947 | | | |
| **Owner**: Thomas Zadra, Store Manager | **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**: P.O. Box 3001 Ankeny, IA 50021 | | **Summary of Violations**: C 1 NC 2 R Ø | |
| **Person in Charge**: Thomas Zadra | | | |
| **Responsible Person's E-mail** | | **Menu Type** (*See back of page*): 1 2 √ 3 4 5 | |
| **Certified Food Handler** | | | |

- 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 |
|---|---|---|---|---|
| 191 | C | | Prairie Farms 1 pint 2% milks were out dated | Immediately |
| 234 | NC | | The ice scoop was improperly stored | 24 hrs |
| 433 | NC | | The mop was being improperly stored, prohibiting proper drying | |

| | |
|---|---|
| Received by (*name and title printed*): Thomas Zadra Store Manager | Inspected by (*name and title printed*): McCall Kitchel BS EHS |
| Received by (*signature*): Thomas Zadra | Inspected by (*signature*): McCall Kitchel |
| cc: | cc: |
| cc: | |