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 Jay Ambica Inc. DBA Clark	**Telephone Number** (574) 753-3731 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 1/9/12	**ID #** 03029
Establishment Address *(number and street, city, state, ZIP code)* 400 W. Market St. Logansport			
Owner Hasmukh Patel	**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 Ø NC 2 R 2	
Person in Charge			
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
257	NC	R	The pop machine had an accumulation of a mold-like substance; shall be cleaned as necessary	24 hrs
351	NC	R	Uni-sex bathrooms must be provided with a covered trash receptacle	~~24 hrs~~ Corrected MK

Received by *(name and title printed)*: Hasmukh Patel	Inspected by *(name and title printed)*: McCall Kitchel, BS EHS
Received by *(signature)*: H B Patel	Inspected by *(signature)*: McCall Kitchel
cc:	cc:
	cc: