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: The Coffee Shop (Memorial Hospital)	**Telephone Number**: (574) 753-7541 ext 3020 ( )	**Date of Inspection** (mm/dd/yr): 1/10/12	**ID #**: 05007
Establishment Address (number and street, city, state, ZIP code): 1101 Michigan Ave. Logansport, In 46947			
Owner: Memorial Hospital	**Purpose**: (1) 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	**Follow-up**	**Release Date**: 10 days
Owner's Address: as above		**Summary of Violations**: C Ø NC Ø R Ø	
Person in Charge: Christina Hardy			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2✓ 3 4 5	
Certified Food Handler: Katya Swisher			

- 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
			No violations noted	

Received by (name and title printed): Christina Hardy	Inspected by (name and title printed): McCall Kitchel BS EHS
Received by (signature): Christina Hardy	Inspected by (signature): McCall Kitchel
cc:	cc:
cc:	cc: