# 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**: Coffings Café LLC | **Telephone Number**: (574) 722-1330 Establishment ( ) Owner | **Date of Inspection** (*mm/dd/yr*): 1/18/12 | **ID #**: 11014 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 722 E. Broadway, Logansport, IN 46947 | | | |
| **Owner**: Diane Coffing | **Purpose**: 1. Routine (circled) | **Follow-up**: No | **Release Date**: 10 days |
| **Owner's Address**: as above | 2. Follow-up | **Summary of Violations**: C 2 NC Ø R Ø | |
| **Person in Charge**: Diane Coffing | 3. Complaint | | |
| **Responsible Person's E-mail** | 4. Pre-Operational | | |
| | 5. Temporary | **Menu Type** (*See back of page*): 1 2 ✓ 3 4 5 | |
| **Certified Food Handler** | 6. HACCP | | |
| | 7. Other (*list*) | | |

- 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 | | Milk & yogurt in the upright shall bear a date mark | Immediately |
| 441 | C | | The sanitizer bucket tested 0 ppm. | Immediately |

| | |
|---|---|
| Received by (*name and title printed*): Diane Coffing | Inspected by (*name and title printed*): McCall Kitchel BS, FHS |
| Received by (*signature*): Diane M Coffing | Inspected by (*signature*): McCall Kitchel |
| cc: | cc: |
| cc: | |