# 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**: Dollar General #26016 | **Telephone Number**: (574) Establishment 753-6905 ( ) Owner | **Date of Inspection** (*mm/dd/yr*): 1/13/12 | **ID #**: 04009 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 3073 E. Market St. Logansport, IN 46947 | | | |
| **Owner**: DolGen Corp. & LLC | **Purpose:** 1. Routine (circled) | **Follow-up**: No | **Release Date**: 10 days |
| **Owner's Address**: as above | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge**: Kim Thomas | 3. Complaint | C Ø NC 3 R 2 | |
| **Responsible Person's E-mail** | 4. Pre-Operational | **Menu Type** (*See back of page*) | |
| **Certified Food Handler**: N/A | 5. Temporary | 1 ✓ 2 3 4 5 | |
| | 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 |
|---|---|---|---|---|
| 351 | NC | R | The uni-sex bathroom need a covered waste receptacle | 1 week |
| 197 | NC | R | Frozen food (ice cream) was not being held @ a temperature of 0°F (Upright 6°F-13°F) | 2 weeks |
| 433 | NC | | The mop in the bathroom was stored improperly 24 hrs | |

Received by (*name and title printed*): KIM A. THOMAS

Received by (*signature*): [signature]

Inspected by (*name and title printed*): McCall Kitchel BS EHS

Inspected by (*signature*): McCall Kitchel

cc: | cc: | cc: