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 Dollar Tree #4322	**Telephone Number** (574) 732-1076 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 1/13/12	**ID #** 09029
Establishment Address *(number and street, city, state, ZIP code)* 3830 E. Market St. Logansport, IN 46947			
Owner Dollar Tree Stores, Inc	**Purpose:** 1. Routine (circled) 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 Ø R Ø	
Person in Charge Rebekah Hearth			
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
			No violations noted	

Received by *(name and title printed)*: Rebekah Hearth	Inspected by *(name and title printed)*: McCall Kitchel BS, EHS
Received by *(signature)*: Rebekah Hearth	Inspected by *(signature)*: McCall Kitchel

cc:	cc:	cc: