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: El Quetzal	**Telephone Number**: (574) Establishment 722-7874 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/19/12	**ID #**: 11001
Establishment Address (*number and street, city, state, ZIP code*): 2511 E. Market St, Logansport, IN 46947			
Owner: David Gaspar	**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 1 NC 2 R 2	
Person in Charge: Daniel Dominguez			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 ✓ 3 4 5	
Certified Food Handler: Pending Re-test			

- 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
146	NC	R	The spices must be labeled with common name of bags contents	1 week
173	C	R	Fish were being stored on top of meat product	corrected Immediately
426	NC		Unnecessary items should be moved from premises ie; boxes	1 week

Received by (*name and title printed*): Daniel Dominguez

Received by (*signature*): Daniel Dominguez

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

Inspected by (*signature*): McCall Kitchel

cc:

cc:

cc: