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: Family Video	**Telephone Number**: (574) 753-5978 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/12/12	**ID #**: 08008
Establishment Address (*number and street, city, state, ZIP code*): 318 12th St. Logansport, In 46947			
Owner: Keith Hoagland	**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 Ø NC Ø R Ø	
Person in Charge: Jackie Gleitz			
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*): Jackie N. Gleitz	Inspected by (*name and title printed*): McCall Kitchel BS, EHS
Received by (*signature*): Jackie N. Gleitz	Inspected by (*signature*): McCall Kitchel

cc:	cc:	cc: