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: Japanese Express	**Telephone Number**: (574) Establishment 722-9920 ( ) Owner	**Date of Inspection** (mm/dd/yr): 1/23/12	**ID #**: 11001
Establishment Address (number and street, city, state, ZIP code): 705 N. 6th St, Logansport, In 46947			
Owner: Sith Oudom	**Purpose**: 1. Routine; 2. Follow-up (circled); 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list) _____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: P.O. Box 262, Logansport, In 46947		**Summary of Violations**: C 1 NC Ø R Ø	
Person in Charge: Sith Oudom			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 ✓ 3 4 5	
Certified Food Handler: Janae Chantchaleun			

- 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
345	C		Noodles were sitting in the handsink thawing. a handsink is only for purposes of handwashing	Immediately

Received by (*name and title printed*): Sith Oudom

Received by (*signature*): Sith Oudom

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

Inspected by (*signature*): McCall Kitchel

cc: | cc: | cc: