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: Judi's Goodlife Emporium LLC	**Telephone Number**: (574) 735-0342 ( )	**Date of Inspection** (*mm/dd/yr*): 1/10/12	**ID #**: 08007
Establishment Address (*number and street, city, state, ZIP code*): 325 E. Market St, Logansport, IN 46947			
Owner: Judith Masters	**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: Charly Sholty	3. Complaint	C Ø NC Ø R Ø	
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
			No violations noted	

Received by (*name and title printed*): Charly Sholty	Inspected by (*name and title printed*): McCall Kitchel BS, EHS
Received by (*signature*): Charly Sholty	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	