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: Logansport Mara Mart	**Telephone Number**: (574) 722-5019 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/11/12	**ID #**: 00015
Establishment Address (*number and street, city, state, ZIP code*): 1730 E. Broadway, Logansport, In 46947			
Owner: Mara Cos 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: P.O. Box 371, Walton, In 46994		**Summary of Violations**: C 1 NC Ø R Ø	
Person in Charge: Kim Strong			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ✓ 2 3 4 5	
Certified Food Handler: Kim Strong			

- 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
192	C		Quarts of 2% milk have exceeded the manufacturers best by date	~~Immediately~~ corrected

Received by (*name and title printed*): Kim Strong Manager

Received by (*signature*): Kim Strong

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

Inspected by (*signature*): McCall Kitchel

cc: | cc: | cc: