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: Hardee's	**Telephone Number**: (574) 753-7249 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/23/12	**ID #**: 08020
Establishment Address (*number and street, city, state, ZIP code*): 1121 E. Market St, Logansport, IN 46947			
Owner: Midwest First Star, Hardees	**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: 9730 Tibbalis Ct. Centerville, OH 45458		**Summary of Violations:** C 1 NC 1 R 2	
Person in Charge: Michael Muir			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 ✓ 3 4 5	
Certified Food Handler: Josh Hall			

- 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
[illegible]	[illegible]		[illegible] MK	Immediately
349	NC			
[illegible]	[illegible]	R	A trash receptacle shall be provided at a handsink for disposal of hand towels	1 week
295	C	R	The bin housing "clean" scoops had several scoops with excessive build up	Immediately

Received by (*name and title printed*): Michael Muir	Inspected by (*name and title printed*): McCall Kitchel BS EHS
Received by (*signature*): Michael Muir	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	