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: Old Style Inn	**Telephone Number**: (574) Establishment 722-4090 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/19/12	**ID #**: 98061
Establishment Address (*number and street, city, state, ZIP code*): 219 S 6th St, Logansport, In 46947			
Owner: Scott Jones	**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: as above		**Summary of Violations**: C Ø NC Ø R Ø	
Person in Charge: Deb Landes		**Menu Type** (*See back of page*): 1 2 √ 3 4 5	
Responsible Person's E-mail			
Certified Food Handler: Jami Best			

- 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
173	C		~~Meat was being stored on the top shelf of the walk-in~~	~~Immediately~~ corrected
			No violations noted	

Received by (*name and title printed*): Deb Landes

Received by (*signature*): Deb Landes

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

Inspected by (*signature*): McCall Kitchel

cc: | cc: | cc: