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: One-Stop	**Telephone Number**: (574) Establishment 753-6274 ( ) Owner	**Date of Inspection** (mm/dd/yr): 1/12/12	**ID #**: 07013
Establishment Address (number and street, city, state, ZIP code): 401 W. Market St. Logansport, In 46947			
Owner: Paul Singh	**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 1 NC 1 R 2	
Person in Charge: Paul Singh			
Responsible Person's E-mail:		**Menu Type** (See back of page): 1 ✓ 2 3 4 5	
Certified Food Handler: Nancy Kurtz			

- 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
141	C	R	A can of beans is past manufacturers best by date and therefore should be discarded	Immediately
295	NC	R	The pop machine ice maker has an accumulation of debris	Immediately

Received by (name and title printed): Paul Singh

Received by (signature): Paul Singh

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

Inspected by (signature): McCall Kitchel

cc: | cc: | cc: