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: Panaderia Country Bakery	**Telephone Number**: (574) 735-2834 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/18/12	**ID #**: 01007
Establishment Address (*number and street, city, state, ZIP code*): 106 S. 6th St. Logansport, In 46947			
Owner: Cecilio Martinez	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: Yes	**Release Date**: 10 days
Owner's Address: as above		**Summary of Violations**: C 3 NC 2 R Ø	
Person in Charge: Christian A. Ramos			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 ✓ 3 4 5	
Certified Food Handler: exempt			

- 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
139	C		The strawberries in the upright had an accumulation of a mold-like substance	Immediately
191	C		The milk in the upright was not date-marked	Immediately
310	NC		The vent hood and filters need cleaned	1 month
345	C		The handsink was having dirty dishes should be used for purposes of handwashing only	& corrected
346	NC		The handsink did not have any hand soap	48hrs

Received by (*name and title printed*): CHRISTIAN A. RAMOS	Inspected by (*name and title printed*): McCall Kitchel BS EHS
Received by (*signature*):	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	cc: