



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.

Form with fields: Establishment Name (Rural King), Telephone Number (574) 753-2030, Date of Inspection (1/5/12), ID # (09014), Establishment Address (3919 E. Market St., Logansport, IN), Owner (Rural King), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (as above), Person in Charge (Heather Stroud), Responsible Person's E-mail, Certified Food Handler (exempt), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No violations noted.

Received by (name and title printed): Heather Stroud Store Manager; Inspected by (name and title printed): McCall Kitchel BS EHS; Received by (signature): Heather Stroud; Inspected by (signature): McCall Kitchel; cc: fields.