RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Cass County Health Department
(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: Sub Tavern	**Telephone Number**: (574) Establishment 722-2800 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/20/12	**ID #**: 07014
Establishment Address (*number and street, city, state, ZIP code*): 808 Bates St, Logansport, IN 46947			
Owner: as above	**Purpose**: 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: as above	2. Follow-up	**Summary of Violations**:	
Person in Charge: William Delp	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Mary Ann Quadio	5. Temporary	1 2 ✓ 3 4 5	
	6. HACCP		
	7. Other (*list*)		

- 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
			No violations noted	
			WILLIAM R. DELP	

Received by (*name and title printed*): William R. Delp	Inspected by (*name and title printed*): McCall Kitchel BS, EHS
Received by (*signature*):	Inspected by (*signature*): McCall Kitchel
cc:	cc:
	cc: