



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 (Super 8 Motel), Telephone Number (574) 722-1273, Date of Inspection (11/10/12), ID # (07034), Owner (Mukerian Motel Mgmt), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Person in Charge (Dave Singh), Certified Food Handler (N/A).

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 191, C, Milk in the upright cooler wasn't date-marked, Immediately.

Received by (name and title printed): DAVE SINGH; Inspected by (name and title printed): McCall Kitchel BS, FHS; Received by (signature): Dave Singh; Inspected by (signature): McCall Kitchel.