# 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**: Susan's Corner Cupboard | **Telephone Number**: (574) Establishment 753-7415 ( ) Owner | **Date of Inspection** *(mm/dd/yr)*: 1/20/12 | **ID #**: 00043 |
| **Establishment Address** *(number and street, city, state, ZIP code)*: 2200 East Market St, Logansport, IN 46947 | | | |
| **Owner**: Susan Hedges | **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**: Vicki Smith | 3. Complaint | C 1 NC 0 R 0 | |
| **Responsible Person's E-mail** | 4. Pre-Operational | **Menu Type** *(See back of page)* | |
| **Certified Food Handler**: N/A | 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 |
|---|---|---|---|---|
| 173 | C | | A carton of eggs was stored above juice pouches | Immediately |

Received by (*name and title printed*): Vicki Smith Cashier

Received by (*signature*): Vicki L Smith

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

Inspected by (*signature*): McCall Kitchel

cc: | cc: | cc: