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: Boardwalk Café	Telephone Number: (574) 753-0378 Establishment; ( ) Owner	Date of Inspection (mm/dd/yr): 1/10/12	ID #: 99221
Establishment Address (number and street, city, state, ZIP code): 501 E. Broadway, Logansport, IN 46947			
Owner: Tina Doss	Purpose: 1. Routine	Follow-up: No	Release Date: 10 days
Owner's Address: as above	2. Follow-up	Summary of Violations:	
Person in Charge: Tina Doss	3. Complaint	C 1 NC 2 R 0	
Responsible Person's E-mail:	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: Kayla Fry	6. HACCP		
	7. Other (list)	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"

Section#	C/NC	R	Narrative	To Be Corrected By
139	NC		Food shall be safe; a container of beets dated from December should be tossed	Immediately
192	C		Several PHF items were past either the time or temperature constraints and should be tossed out	Immediately
234	NC		The handle of the ice scoop was in contact with the ice	Immediately

Received by (name and title printed): Tina Doss	Inspected by (name and title printed): McCall Kitchel BS, EHS
Received by (signature): Tina Doss	Inspected by (signature): McCall Kitchel
cc:	cc:
cc:	