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: Walgreens 3148	**Telephone Number**: (574) 735-8815 Establishment; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1/20/12	**ID #**: 98080
Establishment Address (*number and street, city, state, ZIP code*): 2301 Market St. Logansport, IN 46947			
Owner: Walgreens Co.	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: P.O. Box 901, Deerfield, IL 60015		**Summary of Violations**: C 0 NC 0 R 0	
Person in Charge: J. Winkler			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ✓ 2 3 4 5	
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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

Received by (*name and title printed*): J. Winkler	Inspected by (*name and title printed*): McCall Kitchel BS EHS
Received by (*signature*): J. Winkler	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	cc: