RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

WELLS COUNTY HEALTH DEPT.
223 W. Washington, Suite 202
BLUFFTON, IN 46714-1955
(260) 824-6489

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 AMERICAN LEGION POST 111	**Telephone Number** (260) Establishment 824-3815 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 5/18/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 111 W. WASHINGTON ST. BLUFFTON IN 46714			
Owner N/A NON PROFIT	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date** 5/13/2010
Owner's Address		**Summary of Violations:** C 1 NC 3 R 0	
Person in Charge TAMMY MULLEN			
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
171	C		AN EMPLOYEE HANDLED SANDWICH BREAD AND SHREDDED CHEESE TOPPING WITH BARE HANDS	TODAY
199	NC		A PACKAGE OF FROZEN PORK RIBS WAS THAWING ON THE COUNTER AT ROOM TEMPERATURE	TODAY
218	NC		THE DRAIN ON THE 3 COMPARTMENT SINK AT THE BAR AREA IS LEAKING	14 DAYS
257	NC		NO PROBE THERMOMETER THAT MEASURES BELOW 100°F WAS AVAILABLE	7 DAYS

Received by (*name and title printed*): Tammy Mullen	Inspected by (*name and title printed*): JENNIFER M COLEMAN EHS
Received by (*signature*): Tammy K Mullen	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
	cc: