# 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**<br>ARBY'S | **Telephone Number**<br>(260) Establishment 824-5580<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>3/10/2010 | **ID #** |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>995 N. MAIN ST. BLUFFTON IN 46714 | | | |
| **Owner**<br>JOHN WADE | **Purpose:**<br>1. Routine (circled)<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* | **Follow-up** | **Release Date**<br>3/20/2010 |
| **Owner's Address**<br>4000 W. 106th ST. SUITE 1160-311 CARMEL IN 46032 | | **Summary of Violations:**<br>C 0 NC 0 R 0 | |
| **Person in Charge**<br>MELISSA HUSS | | | |
| **Responsible Person's E-mail** | | **Menu Type** *(See back of page)*<br>1 2 ✓3 4 5 | |
| **Certified Food Handler**<br>VICKI WEINBERG | | | |

- 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 | |
| | | | NOTE: REPLACEMENT WALK-IN COOLER DOOR IS ON PREMISES AND WAITING TO BE INSTALLED | |
| | | | EMPLOYEE HEALTH POLICY AND REPORTING REQUIREMENTS WERE DISCUSSED WITH MANAGER ON DUTY | |

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|---|---|
| Received by *(name and title printed)*:<br>Melissa Huss - Manager | Inspected by *(name and title printed)*:<br>JENNIFER COLEMAN, EHS |
| Received by *(signature)*:<br>Melissa Huss | Inspected by *(signature)*:<br>Jennifer M Coleman |

| | | |
|---|---|---|
| cc: | cc: | cc: |