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 ARTS STAG BAR	**Telephone Number** (260) Establishment 827-6734 (260) Owner 824-3256	**Date of Inspection** *(mm/dd/yr)* 6/10/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 205 W. MARKET ST. BLUFFTON IN 46714			
Owner TERRY BEER	**Purpose:** (1. Routine)	**Follow-up**	**Release Date** 6/10/10
Owner's Address 4494 E ST RD 124 BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge JARED BEER	4. Pre-Operational 5. Temporary	C 1 NC 0 R 0	
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler JARED BEER		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
171	C		EMPLOYEE HANDLED CHEESE WITH BARE HANDS	TODAY CORRECTED

Received by *(name and title printed)*: Jared Beer	Inspected by *(name and title printed)*: JENNIFER COLEMAN EHS
Received by *(signature)*: Jared Beer	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: