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 BLUFFTON ELEMENTARY SCHOOL	**Telephone Number** (260) Establishment 824-0333 (260) Owner 824-2620	**Date of Inspection** (*mm/dd/yr*) 8/29/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 1001 E. SPRING ST. BLUFFTON IN 46714			
Owner BLUFFTON-HARRISON MSD (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** 4/8/10
Owner's Address 1100 E SPRING ST. BLUFFTON IN 46714		**Summary of Violations:** C 0 NC 1 R 0	
Person in Charge MAGNOLIA TUDOR			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 ✓ 3 4 5	
Certified Food Handler MAGNOLIA TUDOR			

- 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
179	NC		SINGLE SERVICE CUPS OF FRUIT PIECES WERE SERVED ON THE BUFFET LINE OUTSIDE OF THE SNEEZE GUARD AREA; CUPS DID NOT HAVE LIDS OR OTHER COVERING FOR PROTECTION FROM CONTAMINATION DURING SERVING TIME.	ASAP

Received by (*name and title printed*): Magnolia Tudor	Inspected by (*name and title printed*): JENNIFER COLEMAN EHS
Received by (*signature*): Magnolia Tudor	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
	cc: