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 HIGH SCHOOL	**Telephone Number** (260) Establishment 824-3724 (260) Owner 824-3724	**Date of Inspection** *(mm/dd/yr)* 11/9/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* #1 TIGER TRAIL BLUFFTON IN 46714			
Owner BLUFFTON HARRISON MSD	**Purpose:** ~~1. Routine~~	**Follow-up**	**Release Date** 11/19/10
Owner's Address 805 E. HARRISON ST. BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge ROBIN MCCORKLE	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler ROBIN McCORKLE	7. Other *(list)*	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
			NO VIOLATIONS	

Received by (*name and title printed*): Robin McCorkle	Inspected by (*name and title printed*): JENNIFER M COLEMAN
Received by (*signature*): Robin McCorkle	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: