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 NUTRITION SITE	**Telephone Number** (260) 824-2260 (260) 745-1200	**Date of Inspection** *(mm/dd/yr)* 1/14/11	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 118 CAPRI COURT BLUFFTON IN 46714			
Owner AGING & IN HOME SERVICES	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 1/24/11
Owner's Address 2927 LAKE AVE. FORT WAYNE IN 46805	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge BETTY EHRSAM	4. Pre-Operational 5. Temporary	C 0 NC 0 R —	
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**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
			NO VIOLATIONS	

Received by *(name and title printed)*: BETTY A. EHRSAM	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*: Betty A. Ehrsam	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: