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 BOHEMIAN BEAN	**Telephone Number** (260) Establishment 824-5643 (260) Owner 402-1941	**Date of Inspection** (*mm/dd/yr*) 10/7/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 200 W. WASHINGTON ST. BLUFFTON IN 46714			
Owner JENNIFER INSKEEP	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date**
Owner's Address 320 W. WILEY BLUFFTON IN 46714		**Summary of Violations:** C 2 NC 1 R 0	
Person in Charge LEAH DUSTMAN			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
Certified Food Handler NONE			

- 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
257	NC		NO FOOD THERMOMETER WAS READILY ACCESSIBLE	7 DAYS
199	C		PACKAGED SOUP WAS THAWING IN A SINK	ASAP
			OF STANDING WATER.	
118	C		THIS ESTABLISHMENT DOES NOT HAVE A	60 DAYS
			CERTIFIED FOOD HANDLER.	

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