



**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) 824-6480

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 BOWLING CENTER	Telephone Number (260) Establishment 824-9966 (260) Owner 824-3149	Date of Inspection (mm/dd/yr) 3/31/10	ID #
Establishment Address (number and street, city, state, ZIP code) 1231 S. SCOTT BLUFFTON IN 46714	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/10/10
Owner STEVE KUNKLE	Owner's Address 7115 ROSSBACK PL APT 362 INDIANAPOLIS IN 46204	Summary of Violations: C 0 NC 0 R 0	
Person in Charge STAN KUNKEL	Responsible Person's E-mail	Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	
Certified Food Handler DEB KUNKEL			

- 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 AT THIS TIME	
			HANDSINK HAS BEEN INSTALLED	
			NOTE: NEED TO PREVENT SPLASH FROM HANDWASHING FROM CONTAMINATING CLEANED + SANITIZED EQUIPMENT DRYING ON DRAIN BOARD NEXT TO HAND SINK	

Received by (name and title printed): Stan Kunkel	Inspected by (name and title printed): JENNIFER M COLEMAN
Received by (signature): Stan Kunkel OWNER	Inspected by (signature): Jennifer M Coleman
cc:	cc: