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 BOWLING CENTER	**Telephone Number** (260) Establishment 824-9966 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/7/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 1231 S SCOTT BLUFFTON IN 46714			
Owner STEVE KUNKEL	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 9/17/10
Owner's Address 8921 HOSTA WAY CANBY IN 46113	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 2 R 0	
Person in Charge DEBRA KUNKEL	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler DEBRA KUNKEL	7. Other (*list*)		

- 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*): Deb Kunkel owner	Inspected by (*name and title printed*): JENNIFER N COLEMAN EHS
Received by (*signature*): Deb Kunkel	Inspected by (*signature*): Jennifer N Coleman

cc:	cc:	cc: