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 BURGER KING #7014	**Telephone Number** (260) 824-3960 (574) 271-4060	**Date of Inspection** (*mm/dd/yr*) 9/28/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 1057 N MAIN ST. BLUFFTON IN 46714			
Owner BRAVO KILO, INC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 9/28/10
Owner's Address 4220 EDISON LAKES PKWY MISHAWAKA IN 46545	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge TRINA FORNWALT	4. Pre-Operational 5. Temporary	C 1 NC ___ R 1	
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** (*See back of page*)	
Certified Food Handler YASSER SHARIF		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
193	C		CHICKEN FRIES DID NOT HAVE A DISCARD/TIME COOKED LABELING - THEY ARE HELD AT ROOM TEMPERATURE - TIME AS PUBLIC HEALTH CONTROL	TODAY CORRECTED

Received by (*name and title printed*): Trina Fornwalt	Inspected by (*name and title printed*): JENNIFER COLEMAN, EHS
Received by (*signature*): Trina Fornwalt	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
cc:	