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 COUNTRY CORNER GAS + DELI	**Telephone Number** (260) Establishment 694-6226 (260) Owner 694-6934	**Date of Inspection** *(mm/dd/yr)* 6/21/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 29565 MAIN ST. LIBERTY CENTER IN 46766			
Owner FLAUGHER FARMS	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up**	**Release Date** 6/31/10
Owner's Address 2450 W 300S LIBERTY CENTER IN 46764		**Summary of Violations:** C 0 NC 0 R —	
Person in Charge JACK FLAUGHER		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Responsible Person's E-mail			
Certified Food Handler JACK FLAUGHER			

- 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
			ALL PREVIOUS VIOLATIONS CORRECTED	

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