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 COWBOYS	**Telephone Number** (260) Establishment 824-5542 (260) Owner 820-6477	**Date of Inspection** *(mm/dd/yr)* 8/5/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 121 N. MAIN ST. BLUFFTON IN 46714			
Owner REDDIS RIDDLE	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 8/15/10
Owner's Address 707 N. LANCASTER BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 2 R 0	
Person in Charge LISA OWENS	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 LISA OWENS	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
304	NC		UTENSILS WERE DRIED WITH A COMMON TOWEL AFTER BEING CLEANED AND SANITIZED	TODAY CORRECTED
138	NC		EMPLOYEES WERE NOT WEARING HATS OR HAIR NET RESTRAINTS IN KITCHEN FOOD PREP AREAS	7 DAYS

Received by *(name and title printed)*: LISA OWENS	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*: Lisa Owens	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: