



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.

Form with fields: Establishment Name (BLUFFTON DAIRY QUEEN), Telephone Number ((260) 824-4404), Date of Inspection (5/11/10), ID #, Establishment Address (960 N MAIN ST BLUFFTON IN 46714), Owner (JAMES + DONA LONGBONS), Purpose (1. Routine), Follow-up, Release Date (5/21/10), Owner's Address (1142 WOODBRIDGE DR DECATUR IN 46733), Person in Charge (KIMBERLY HUNT), Responsible Person's E-mail, Certified Food Handler (KIMBERLY HUNT), Summary of Violations (C NC 1 R 0), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 431, NC, THE FLOOR OF THE WALK IN FREEZER HAS A HEAVY ACCUMULATION OF DIRT/DEBRIS, 14 DAYS.

Received by (name and title printed): Kim Hunt; Inspected by (name and title printed): JENNIFER M COLEMAN EHS; Received by (signature): Kim Hunt; Inspected by (signature): Jennifer M Coleman; cc: (blank)