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 DOLLAR GENERAL # 8601 **Establishment Address** (*number and street, city, state, ZIP code*) 1525 HILLCREST DR. OSSIAN IN 46777	**Telephone Number** (260) Establishment 622-6476 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 5/28/10	**ID #**
Owner DOLGENCORP **Owner's Address** 100 MISSION RIDGE GOODLETTSVILLE TN 37072 **Person in Charge** **Responsible Person's E-mail** **Certified Food Handler** N/A	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** **Release Date** 6/7/10 **Summary of Violations:** C 0 NC 0 R 0 **Menu Type** (*See back of page*) 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
			NO VIOLATIONS AT THIS TIME	

Received by (*name and title printed*): Latasha Bulmer	Inspected by (*name and title printed*): JENNIFER M COLEMAN ETI
Received by (*signature*): LBulmer	Inspected by (*signature*): Jennifer M Colem

cc:	cc:	cc: