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 BLUFFTON DONUT HAUS	**Telephone Number** (260) Establishment 824-4554 (260) Owner 565-4526	**Date of Inspection** (*mm/dd/yr*) 5/18/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 953 N. MAIN ST. BLUFFTON IN 46714			
Owner JONATHAN PHUONG	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date** 5/18/2010
Owner's Address 416 HOMESTEAD COURT BLUFFTON IN 46714		**Summary of Violations:** C 2 NC 2 R 0	
Person in Charge SREY PHUONG			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 ✓ 3 4 5	
Certified Food Handler JONATHAN PHUONG			

- 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
130	NC		AN EMPLOYEE WASHED HANDS AT THE THREE COMPARTMENT SINK	TODAY
128	C		AN EMPLOYEE DRIED HANDS USING A COMMON TOWEL	TODAY
245	NC		SEVERAL WET WIPING CLOTHS WERE STORED ON THE COUNTER	TODAY
119	C		PERSON IN CHARGE IS NOT ENSURING PROPER HAND WASHING IS TAKING PLACE, AND IS NOT AWARE OF PROPER WASHING AND SANITIZING PROCEDURES FOR EQUIPMENT AND UTENSILS	IMMEDIATELY

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