RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

WELLS COUNTY HEALTH DEPT.
223 W. WASHINGTON ST.
BLUFFTON IN 46714

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 EAST OF CHICAGO PIZZA	**Telephone Number** (260) Establishment 622-6099 (260) Owner 375-6199	**Date of Inspection** (*mm/dd/yr*) 3/8/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 1100 DEHNER DRIVE OSSIAN IN 46777			
Owner JEFFREY & REBECCA SOUDER	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 3/18/2010
Owner's Address 10445 S. WAYNE RD WARREN IN 46792	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge JENNIFER MEYER	4. Pre-Operational 5. Temporary	C 0 NC 0 R 0	
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler JEFF + REBECCA SOUDER	7. Other (*list*)	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	

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

cc:	cc:	cc: