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 ED & LUIGI'S	**Telephone Number** (260) Establishment 622-4700 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/1/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 410 N JEFFERSON OSSIAN IN 46777			
Owner EDWARD & TINA CROUSE	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** / **Release Date** 4/10/10	
Owner's Address 5495 N. STATE RD 301 CRAIGVILLE IN 46731		**Summary of Violations:** C 0 NC 0 R –	
Person in Charge TINA CROUSE			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler 4 MONTHS TO OBTAIN			

- 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
			OK TO OPEN	

Received by (*name and title printed*): Tina M. Crouse	Inspected by (*name and title printed*): JENNIFER M COLEMAN
Received by (*signature*): Tina M. Crouse	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: