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 (260) Owner 224-2889	**Date of Inspection** (*mm/dd/yr*) 5/28/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 410 JEFFERSON ST. OSSIAN IN 46777			
Owner ED + TINA CROUSE	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 6/7/10
Owner's Address 5495 N ST RD 301 GRANGVILLE IN 46731	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge CAREN DUDGEON	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler NOT ACQUIRED YET			

- 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*): CAREN DUDGEON	Inspected by (*name and title printed*): JENNIFER M COLEMAN, EHS
Received by (*signature*): Caren Dudgeon	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: