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'S HIDEAWAY	**Telephone Number** (260) Establishment 824-0455 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 4/12/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 122 W. MARKET ST. BLUFFTON, IN 46714			
Owner EDWARD THOMPSON	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address 3883 HOOSIER HWY BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge TINA ARNOLD	4. Pre-Operational 5. Temporary	C 2 NC 1 R 1	
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	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
187	C		CHILI IN CROCKPOT MEASURED 103°F	TODAY
218	NC	✓	STANDING WATER OBSERVED IN THE BOTTOM OF THE REACH-IN COOLER AT THE BAR AREA	30 DAYS
344	C		THE HANDWASHING SINK WAS BLOCKED - MISCELLANEOUS ITEMS WERE STORED IN THE SINK BOWL	TODAY CORRECT

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