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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
GREAT SCOT OF INDIANA INC	(260) Establishment 622-4119 (419) Owner 423-3358	3/24/10	
Establishment Address (*number and street, city, state, ZIP code*)			
410 N. METTS OSSIAN IN 46714			

Owner	Purpose:	Follow-up	Release Date
MICHAEL NEEDLER	1. Routine (circled)		3/24/10
Owner's Address	2. Follow-up	**Summary of Violations:**	
400 CIMARRON CT. FINDLAY OH 45840	3. Complaint	C 1 NC 1 R 1	
Person in Charge	4. Pre-Operational		
TAMMY TRAMMEL	5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*)	
	7. Other (*list*) _____	1 2 ✓3 4 5	
Certified Food Handler			
JOHN CONRAD			

- 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
295	C		THE MEAT SLICER IN THE MEAT DEPARTMENT HAS AN ACCUMULATION OF OLD FOOD DEBRIS.	TODAY
218	NC	✓	WALK IN FREEZER DOOR GASKET IS TEARING AWAY FROM THE DOOR	60 DAYS

Received by (*name and title printed*):	Inspected by (*name and title printed*):
Tammy Trammel	JENNIFER COLEMAN, EHS
Received by (*signature*): Tammy Trammel	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
	cc: