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 HANDI SPOT	**Telephone Number** (260) Establishment 824-0469 (260) Owner 824-0469	**Date of Inspection** (*mm/dd/yr*) 5/18/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 616 W LANCASTER BLUFFTON IN 46714			
Owner RANDY HARNISH	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** **Release Date** 5/18/2010	
Owner's Address 3234 E 350 S BLUFFTON IN 46714		**Summary of Violations:** C 0 NC 0 R —	
Person in Charge RUBY STIDHAM			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 ✓ 2 3 4 5	
Certified Food Handler N/A			

- 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*): RUBY STIDHAM MANAGER	Inspected by (*name and title printed*): JENNIFER COLEMAN ETTS
Received by (*signature*): Ruby D Stidham Manager	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: