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 HEVERLY'S BAKERY	**Telephone Number** (260) Establishment 622-4196 (260) Owner 622-4055	**Date of Inspection** (*mm/dd/yr*) 5/28/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 107 N. JEFFERSON OSSIAN IN 46777			
Owner RON HEVERLY	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 6/7/10
Owner's Address 10400 N ST RD 105SIAN IN 46777	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge ROBERTA GILBERT	4. Pre-Operational	C 0 NC 0 R 0	
Responsible Person's E-mail	5. Temporary 6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler GALEN HEVERLY	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
			NO VIOLATIONS AT THIS TIME	
			FRONT RETAIL AREA INSPECTED ONLY	

Received by (*name and title printed*): Roberta Gilbert

Received by (*signature*): ROBERTA GILBERT

Inspected by (*name and title printed*): JENNIFER M COLEMAN EHS

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: