



**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 HEYERLY'S MEAT MARKET	Telephone Number (260) Establishment 824-0360 (260) Owner 827-0217	Date of Inspection (mm/dd/yr) 7/15/10	ID #
Establishment Address (number and street, city, state, ZIP code) 728 S. MAIN ST. BLUFFTON IN 46714	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/15/10
Owner SHAWN IMBODY		Summary of Violations: C 4 NC 2 RO	
Owner's Address 424 W. WASHINGTON ST. BLUFFTON IN 46714	Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	Person in Charge SHAWN IMBODY	
Responsible Person's E-mail		Certified Food Handler DELORIS POLING	

- 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
177 181	NC		A SMALL PLASTIC BIN OF TORTILLA CHIPS ON THE MEAT COUNTER COOLER FOR CONSUMER SELF SERVICE SAMPLES WAS NOT PROVIDED WITH TONGS OR DELI TISSUE TO PREVENT CONSUMER CONTAMINATION DURING SAMPLING	
195	C		VACUUM PACKAGED FROZEN FISH (WALLEYE, OCEAN PERCH, CATFISH NUGGETS) DID NOT HAVE LABELING STATING REQUIREMENTS OF SECTION 195 (A); HACCP PLANS ARE NOT IN PLACE FOR ROP'ING FISH	
243	NC		PAPER USED TO WRAP MEAT WAS STORED IN 11B PLASTIC WRAPPING DIRECTLY ON THE FLOOR BEHIND THE MEAT COUNTER	
334	C		SPRAY NOZZLE ON THE 3 COMPARTMENT HANDS BELOW FLOOD RIM LEVEL	
345	C		HANDLES ON HANDWASHING SINK ARE HEAVILY SOILED	
438	C		NO LABEL ON BOTTLE OF CLEAR LIQUID ON CUTTING BOARD - EMPLOYEE COULDN'T IDENTIFY WHAT IT WAS	

Received by (name and title printed): Leah Rockwell assistant manager	Inspected by (name and title printed): JENNIFER M COLEMAN EHS
Received by (signature): <i>Leah Rockwell</i>	Inspected by (signature): <i>Jennifer M. Coleman</i>
cc:	cc: