# 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**<br>HOLIDAY INN EXPRESS | **Telephone Number**<br>(260) Establishment 824-4455<br>(260) Owner 824-4455 | **Date of Inspection** *(mm/dd/yr)*<br>1/20/10 | **ID #** |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>1782 N MAIN ST. BLUFFTON IN 46714 | | | |
| **Owner**<br>SURESH PATEL | **Purpose:**<br>1. Routine (circled)<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* _____ | **Follow-up** | **Release Date**<br>1/30/10 |
| **Owner's Address**<br>1782 N. MAIN ST. BLUFFTON IN 46714 | | **Summary of Violations:**<br>C 1 NC 0 R 1 | |
| **Person in Charge**<br>SURESH PATEL | | | |
| **Responsible Person's E-mail** | | **Menu Type** *(See back of page)*<br>1 ✓ 2 3 4 5 | |
| **Certified Food Handler**<br>SURESH PATEL | | | |

- 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 | ✓ | SAUSAGE ON THE BREAKFAST BUFFET MEASURED 120°F | TODAY |
| | | | HANDSINK HAS BEEN INSTALLED | |

Received by (*name and title printed*): ANITA CARR

Received by (*signature*): Anita Carr

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

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: