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 HOLIDAY INN EXPRESS	**Telephone Number** (260) Establishment 824-4455 (260) Owner 824-4455	**Date of Inspection** *(mm/dd/yr)* 8/5/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1782 N. MAIN ST. BLUFFTON IN 46714			
Owner SURESH PATEL	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 8/5/10
Owner's Address 1782 N. MAIN ST. BLUFFTON IN 46714	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Summary of Violations:** C 1 NC 0 R 1	
Person in Charge SURESH PATEL			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
Certified Food Handler 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
157	C	✓	SAUSAGE ON THE BREAKFAST BUFFET MEASURED 120°F	TODAY CORRECTED
			FOOD MUST BE HELD AT 135°F OR ABOVE ON THE HOT BUFFET	

Received by (*name and title printed*): S. I. Patel
Received by (*signature*): 8-5-10

Inspected by (*name and title printed*): JENNIFER M COLEMAN ETTS
Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: