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 KENTUCKY FRIED CHICKEN	**Telephone Number** (260) Establishment 824-9982 (260) Owner 436-7100	**Date of Inspection** *(mm/dd/yr)* 7/29/2010	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 640 N. MAIN ST. BLUFFTON IN 46714			
Owner COLONEL'S CHICKEN OF FORT WAYNE IN 46804	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 8/8/2010
Owner's Address 7100 W. JEFFERSON BLVD FORT WAYNE IN 46804	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge MARK GATES		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Responsible Person's E-mail			
Certified Food Handler MARK GATES			

- 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 NOTED	

Received by *(name and title printed)*: Mark Gates RGM	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*:	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: