# 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>LANCASTER ELEMENTARY<br>**Establishment Address** (*number and street, city, state, ZIP code*)<br>275 N. JACKSON STREET BLUFFTON IN | **Telephone Number**<br>(260) Establishment 565-3135<br>( ) Owner | **Date of Inspection** (*mm/dd/yr*)<br>3/10/2010 | **ID #** |
| **Owner**<br>NORTHERN WELLS COMMUNITY SCHOOLS<br>**Owner's Address**<br>312 N. JEFFERSON ST. OSSIAN IN 46777<br>**Person in Charge**<br>JANE IMEL<br>**Responsible Person's E-mail**<br><br>**Certified Food Handler**<br>JANE IMEL | **Purpose:**<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (*list*) | **Follow-up**<br><br>**Summary of Violations:**<br>C 0 NC 0 R 0<br>**Menu Type** (*See back of page*)<br>1 2 ✓3 4 5 | **Release Date**<br>3/20/2010 |

- 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 | |

| | |
|---|---|
| Received by (*name and title printed*): Jane Imel | Inspected by (*name and title printed*): JENNIFER COLEMAN EHS |
| Received by (*signature*): Jane Imel | Inspected by (*signature*): Jennifer M Coleman |
| cc: | cc: |
| cc: | cc: |