RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

WELLS COUNTY HEALTH DEPT.
223 W. WASHINGTON ST.
BLUFFTON IN 46714

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 LEGACY CATERING	**Telephone Number** (260) Establishment 565-3400 (260) Owner 565-3400	**Date of Inspection** *(mm/dd/yr)* 4/6/10	**ID #**
Establishment Address (*number and street, city, state, zip code*) ~~3541~~ 2330 E 250 N BLUFFTON IN 46714			
Owner KAREN REED	**Purpose:** (1.) Routine	**Follow-up**	**Release Date** 4/16/10
Owner's Address 3541 E 400 N BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge KAREN REED	4. Pre-Operational 5. Temporary	C(0) NC 0 R—	
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 3✓ 4 5	
Certified Food Handler KAREN REED			

- 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*): Karen K Reed

Received by (*signature*): Karen K Reed

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

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: