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 LENGERICH MEATS, INC.	**Telephone Number** (260) Establishment 638-4123 (419) Owner 495-2489	**Date of Inspection** *(mm/dd/yr)* 6/11/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 3095 VAN HORN ZANESVILLE IN 46799			
Owner WILLIAM BURKHART	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date** 6/21/10
Owner's Address 15709 ST. LINE RD WILLSHIRE OH 45898		**Summary of Violations:** C 0 NC 1 R 0	
Person in Charge SARAH CRICKSMORE			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler ABBY RICHARDSON			

- 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
146	NC		BAGS OF CHOCOLATE COVERED PRETZELS, CHOCOLATE COVERED BRIDGE MIX, AND CHOCOLATE COVERED MALT BALLS DID NOT HAVE INGREDIENT LABELS	7 DAYS

Received by (*name and title printed*): Sarah Cricksmore	Inspected by (*name and title printed*): JENNIFER M COLEMAN, ETTS
Received by (*signature*): SARAH CRICKSMORE	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: