RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

WELLS COUNTY HEALTH DEPT
223 W. Washington
BLUFFTON, IN
(260)

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 LIGHTED GARDENS	**Telephone Number** (260) 622-4023 (260) 622-6150	**Date of Inspection** (*mm/dd/yr*) 1/31/11	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 10794 N. ST RD 1 OSSIAN IN 46777			
Owner JERRY SPRINGER	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date** 2/10/11
Owner's Address 616 W. JEFFERSON ST. OSSIAN IN 46777		**Summary of Violations:** C 0 NC 0 R —	
Person in Charge JERRY SPRINGER			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 ✓ 3 4 5	
Certified Food Handler JERRY SPRINGER			

- 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*): JERRY A SPRINGER

Received by (*signature*): Jerry A Springer

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

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: