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) 824-6469~~

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) Establishment 622-4023 (260) Owner 622-6150	**Date of Inspection** *(mm/dd/yr)* 3/17/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 10794 N. ST RD 1 OSSIAN IN 46777			
Owner JERRY SPRINGER	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 3/27/10
Owner's Address 6614 W. JEFFERSON ST. OSSIAN IN 46714		**Summary of Violations:** C 0 NC 0 R 0	
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	Inspected by *(name and title printed)*: JENNIFER COLEMAN, EHS
Received by *(signature)*: Jerry A Springer	Inspected by *(signature)*: Jennifer M Coleman
cc:	cc:
cc:	cc: