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 MAJESTIC CAKES	**Telephone Number** (260) Establishment 627-4627 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3/24/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 9557 N 450 E OSSIAN IN 46777			
Owner LYNNE ADAM	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 4/4/10
Owner's Address 9557 N 450 E OSSIAN IN 46777		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge LYNNE ADAM			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
Certified Food Handler LYNE ADAM			

- 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)*: Lynne Adam	Inspected by *(name and title printed)*: JENNIFER COLEMAN, ETS
Received by *(signature)*: Lynne Adam	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: