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 NEW LIFE CHRISTIAN SCHOOL	**Telephone Number** (260) Establishment 824-4606O (260) Owner 824-4060	**Date of Inspection** *(mm/dd/yr)* 4/8/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1621 S 350 E BLUFFTON IN 46714			
Owner NEW LIFE CHRISTIAN CHURCH	**Purpose:** (1. Routine)	**Follow-up**	**Release Date** 4/18/10
Owner's Address 1621 S 350 E BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R –	
Person in Charge DIANA HUFFAR	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler N/A	7. Other *(list)*	1 2 ✓3 4 5	

- 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*): Diana Huffar	Inspected by (*name and title printed*): JENNIFER M COLEMAN, EHS
Received by (*signature*): Diana Huffar	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: