



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.

Form with fields: Establishment Name (NORWEL HIGH + MIDDLE SCHOOL), Telephone Number ((260) 543-2213), Date of Inspection (1/10/11), ID #, Establishment Address (1100 E US 224 OSSIAN IN 46777), Owner (NORTHERN WELLS COMMUNITY SCHOOLS), Purpose (1 Routine), Follow-up, Release Date (1/20/11), Owner's Address (312 W. JEFFERSON ST OSSIAN IN 46777), Person in Charge (NANCY SCHLADENHAUFFEN), Responsible Person's E-mail, Certified Food Handler (NANCY SCHLADENHAUFFEN), Summary of Violations (C 0 NC 0 R -), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: NO VIOLATIONS

Received by (name and title printed): Nancy Schladenhauffen; Inspected by (name and title printed): JENNIFER M. COLEMAN EHS; Received by (signature): Nancy Schladenhauffen; Inspected by (signature): Jennifer M. Coleman