



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 for Establishment Name (NORWAL HIGH + MIDDLE SCHOOL), Telephone Number (543-2213), Date of Inspection (4/7/10), Owner (NORTHERN WELLS COMMUNITY SCHOOLS), and Purpose (1. Routine).

- 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 contains 'NO VIOLATIONS'.

Signature section with fields for Received by (Nancy Schladenhauffen) and Inspected by (JENNIFER M COLEMAN EHS).