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 OSSIAN ELEMENTARY	**Telephone Number** (260) Establishment 622-4179 (260) Owner 622-4125	**Date of Inspection** (*mm/dd/yr*) 3/31/10	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 213 S. JEFFERSON ST. OSSIAN IN 46777			
Owner NORTHERN WELLS COMMUNITY SCHOOLS	**Purpose:** (1. Routine)	**Follow-up**	**Release Date** 4/10/10
Owner's Address 312 N. JEFFERSON ST. OSSIAN IN 46777	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 1 R 0	
Person in Charge SARA SANDER	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler TERESA GARRINGER			

- 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
295	NC		THE COMPRESSOR GUARDS OF THE COMPRESSOR IN THE WALK-IN COOLER HAD AN ACCUMULATION OF DUST/DIRT DEBRIS	10 DAYS

Received by (*name and title printed*): Sara Sander	Inspected by (*name and title printed*): JENNIFER M. COLEMAN EHS
Received by (*signature*): Sara Sander	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: