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 TAVERN	**Telephone Number** (260) Establishment 622-4132 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/22/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 103 S. JEFFERSON ST. OSSIAN IN 46777			
Owner RITA MAHNENSMITH	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 5/1/10
Owner's Address 315 W. MILL ST. OSSIAN IN 46777		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge DANIELLE SIMPKINS			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
Certified Food Handler RITA R. MAHNENSMITH			

- 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*): Rita Mahnensmith	Inspected by (*name and title printed*): JENNIFER M COLEMAN, EHS
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
cc:	cc: