RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

160°F / 71°C

WELLS COUNTY HEALTH DEPT.
223 W. Washington, Suite 202
BLUFFTON, IN 46714-1955
~~(260) 824-6480~~

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 PIZZA HUT	**Telephone Number** (260) Establishment 824-5701 (260) Owner 436-7100	**Date of Inspection** *(mm/dd/yr)* 7/29/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 632 N MAIN BLUFFTON IN 46714			
Owner RICHARD FREELAND	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 7/29/10
Owner's Address 7100 W. JEFFERSON FORT WAYNE IN 46804	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 1 R ✓	
Person in Charge TANNER JOHNSON	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 JOHN PATTERSON			

- 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
187	C	✓	TWO BINS OF COOKED ~~CHEESE~~ NOODLES STORED IN THE WALK-IN COOLER MEASURED 59°F. NOODLES WERE COOKED ~7 AM TODAY. TIME NOW IS 2:20 PM	ASAP COOLING DOWN
295	NC		THERE WAS AN ACCUMULATION OF GREEN FUNGAL GROWTH ON THE ICE SCOOP HOLDER IN THE ROOM WITH ICE MACHINE	TODAY

Received by *(name and title printed)*: Tanner Johnson	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc: