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 QUIZNOS SUB # 7911	**Telephone Number** (260) Establishment 824-7849 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 2/5/2010	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1109 N MAIN ST. BLUFFTON IN 46714			
Owner JEREMY EISENHUT	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date** 2/5/2010
Owner's Address 210 COLUMBIAN AVE. BLUFFTON IN 46714		**Summary of Violations:** C 1 NC 0 R 0	
Person in Charge TARA ADAMS			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 ✓3 4 5	
Certified Food Handler JEREMY EISENHUT			

- 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		ONE BIN OF SLICED HAM AND ONE BIN OF CHEDDAR CHEESE SLICES MEASURED 45°F IN THE UPPER PORTION OF THE SANDWICH PREP COOLER	TODAY

Received by (*name and title printed*): Tara Adams

Received by (*signature*): Tara Adams

Inspected by (*name and title printed*): JENNIFER COLEMAN, EHS

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: