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 SHORT STOP	**Telephone Number** (260) 824-4600 (260) 592-7274	**Date of Inspection** *(mm/dd/yr)* 1/6/11	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1009 N. MAIN ST. BLUFFTON IN 46714			
Owner PHIL RINGGER	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 1/16/11
Owner's Address 2050 E US 224 OSSIAN IN 46777		**Summary of Violations:** C 0 NC 5 R	
Person in Charge		**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler PHIL RINGGER			

- 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)*: Ricky Ringger

Received by *(signature)*: Ricky Ringger

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

Inspected by *(signature)*: Jennifer M Coleman

cc: | cc: | cc: