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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
SHORT STOP	(260) Establishment 824-4600 ( ) Owner	5/17/2010	
Establishment Address (*number and street, city, state, ZIP code*)			
609 N. MAIN ST. BLUFFTON IN 46714			
Owner	**Purpose:**	**Follow-up**	**Release Date**
MARK NICHOLAS	(Routine)		5/17/2010
Owner's Address	2. Follow-up	**Summary of Violations:**	
909 S. WAYNE ST. BLUFFTON IN 46714	3. Complaint	C 1 NC 0 R ✓	
Person in Charge	4. Pre-Operational		
MARK NICHOLAS	5. Temporary	**Menu Type** (*See back of page*)	
Responsible Person's E-mail	6. HACCP		
	7. Other (*list*) _____	1 2 ✓ 3 4 5	
Certified Food Handler			
MARK NICHOLAS			

- 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	C	✓	ICE DISPENSER NOZZLE HAS AN ACCUMULATION OF A GREEN SLIME/MOLD	TODAY

Received by (*name and title printed*):	Inspected by (*name and title printed*):
MARK NICHOLAS	JENNIFER M COLEMAN EHS
Received by (*signature*): Mark Nicholas	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
cc:	cc: