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 SKILLES COMMISSARY	**Telephone Number** (260) Establishment 824-2400 (260) Owner 824-2400	**Date of Inspection** *(mm/dd/yr)* 4/13/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1414 S MAIN ST. just ST. BLUFFTON IN 46714			
Owner MRS. ROBERT M SKILES	**Purpose:** 1. (Routine)	**Follow-up**	**Release Date** 4/23/10
Owner's Address 10 RIVER TERRACE	2. Follow-up 3. Complaint	**Summary of Violations:** C____ NC____ R____	
Person in Charge JANE PENROD	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 BRUCE SKILES			

- 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
138	NC		EMPLOYEES WERE NOT WEARING HAIR RESTRAINTS	7 DAYS
			NOTE: AREAS WHERE FOOD PREP TAKES PLACE MUST BE FREE OF DUST/DIRT/CIELING COBWEBS	

Received by (*name and title printed*): Jane Penrod

Received by (*signature*): Jane Penrod

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

Inspected by (*signature*): Jennifer M Coleman

cc: | cc: | cc: