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) 824-5489~~

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 THE SNUG CAFE	**Telephone Number** (260) Establishment 824-0718 (260) Owner 747-5858	**Date of Inspection** (*mm/dd/yr*) 5/17/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 126 W. MARKET ST. BLUFFTON IN 46714			
Owner AMNATOM INC / WALTER MITCHELL	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 5/27/2010
Owner's Address 2444 SANDPOINT RD FT. WAYNE IN 46809	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 1 R 1	
Person in Charge ANNA LILY	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 WALTER MITCHELL			

- 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
218	NC	✓	THE DOORS ON THE BOTTOM PORTION OF THE COOLER IN THE WAITRESS STATION DO NOT LATCH	30 DAYS

Received by (*name and title printed*): Anna R Lily	Inspected by (*name and title printed*): JENNIFER M COLEMAN EHS
Received by (*signature*): Anna R Lily	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
cc:	