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 SOUTHERN WELLS COMMUNITY SCHOOLS	**Telephone Number** (765) 728-5537 (765) 728-5537	**Date of Inspection** *(mm/dd/yr)* 11/17/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 9120 S 300 W PONETO IN 46781			
Owner SOUTHERN WELLS COMMUNITY SCHOOLS	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 11/29/10
Owner's Address 9120 S 300W PONETO IN 46781	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge SUSAN SIEBOLD	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 SUSAN SIEBOLD			

- 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)*: SUSAN SIEBOLD, CAFE. MGR.	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*: Susan D. Siebold	Inspected by *(signature)*: Jennifer M Coleman
cc:	cc:
cc:	cc: