RETAIL FOOD ESTABLISHMENT [redacted]
INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

[redacted]

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) Establishment 728-5537 (765) Owner 728-5537	**Date of Inspection** (*mm/dd/yr*) 3/3/2010	**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 (circled)	**Follow-up**	**Release Date** 3/13/2010
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	**Menu Type** (*See back of page*) 1 2 ✓ 3 4 5	
Certified Food Handler SUSAN SIEBOLD	7. Other (*list*)		

- 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 - HIGH SCHOOL	
			NO VIOLATIONS - ELEMENTARY SCHOOL	

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