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) 824-6455

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 TIN FABLE	**Telephone Number** (260) 824-1986 (260) 853-1700	**Date of Inspection** *(mm/dd/yr)* 1/13/11	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 360 N. MAIN BLUFFTON IN 46714			
Owner TIERCELL SCHWARTZ	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 1/23/11
Owner's Address 360 N. MAIN ST. BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge ERIN CLAGHORN	4. Pre-Operational 5. Temporary	C ◯ NC ◯ R ~	
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler TIERCELL SCHWARTZ		1 2 3 ✓ 4 5	

- 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*): Erin R. Claghorn, Manager	Inspected by (*name and title printed*): JENNIFER COLEMAN EHS
Received by (*signature*): Erin R. Claghorn, Manager	Inspected by (*signature*): Jennifer N Coleman

cc:	cc:	cc: