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 TW FABLE	**Telephone Number** (260) Establishment 333-1360 (877) Owner 774-6603	**Date of Inspection** *(mm/dd/yr)* 9/4/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 360 N MAIN ST. STE D BLUFFTON IN 46714			
Owner TIERCELL SCHWARTZ	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** / **Release Date** 9/14/10	
Owner's Address 521 S. ST RD 201 BLUFFTON IN 46714		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge TIERCELL SCHWARTZ			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler TIERCELL SCHWARTZ / CHAD REINHARD			

- 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
			OK TO OPEN	

Received by *(name and title printed)*: TIERCELL SCHWARTZ	Inspected by *(name and title printed)*: JENNIFER M COLEMAN EHS
Received by *(signature)*:	Inspected by *(signature)*: Jennifer M Coleman
cc:	cc:
cc:	