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 THE BREW HA! ESPRESSO CAFE	**Telephone Number** (260) Establishment 622-6027 (260) Owner 824-0878	**Date of Inspection** *(mm/dd/yr)* 8/26/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 122 S JEFFERSON OSSIAN IN 46777			
Owner NATALIE MILHOLLAND	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address 1144 WILDWOOD LANE BLUFFTON IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:** C 0 NC 1 R 0	
Person in Charge MONICA MILHOLLAND	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 MONICA MILHOLLAND			

- 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
234	NC		TWO ICE SCOOPS WERE STORED IN A CUP WITH AN ACCUMULATION OF OLD FOOD DEBRIS AND WATER IN IT	TODAY CORRECTED

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