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 TYE GERS PIZZA	**Telephone Number** (260) Establishment 824-0700 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 10/1/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 214 W. MARKET ST. BLUFFTON IN 46714			
Owner TYE & AMY WALTON	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 10/1/10
Owner's Address PO BOX 36 PONETO, IN 46781		**Summary of Violations:** C 1 NC 0 R 1	
Person in Charge TYE WALTON			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2✓ 3 4 5	
Certified Food Handler AMY WALTON			

- 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
187	C	✓	THE FOLLOWING FOODS BEING COLD-HELD ON ICE ON THE COUNTER MEASURED: COOKED CHICKEN - 50°F COOKED BRATS - 49°F SLICED HAM - 45°F	TODAY

Received by (*name and title printed*): Tye Walton Owner	Inspected by (*name and title printed*): JENNIFER COLEMAN EHS
Received by (*signature*):	Inspected by (*signature*): Jennifer M Coleman
cc:	cc:
cc:	cc: