



**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 <b>WELLS COUNTY JAIL</b>	Telephone Number (260) Establishment 824-3426 ( ) Owner	Date of Inspection (mm/dd/yr) 3/11/2010	ID #
Establishment Address (number and street, city, state, ZIP code) <b>1615 W. WESTERN AVE. BLUFFTON IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3/21/10
Owner <b>NON-PROFIT</b>		Summary of Violations: <b>C <u>0</u> NC <u>1</u> R <u>0</u></b>	
Owner's Address	Menu Type (See back of page) 1 <u>  </u> 2 <u>  </u> 3 <u>  ✓  </u> 4 <u>  </u> 5 <u>  </u>	Menu Type (See back of page)	
Person in Charge		Menu Type (See back of page)	
Responsible Person's E-mail			
Certified Food Handler <b>N/A</b>			

- 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
295	NC		COMPRESSOR FAN GUARD AND CEILING OF WALK-IN COOLER WERE SOILED WITH DUST/MOLD DEBRIS	7 DAYS
			SPLASH GUARD TO BE INSTALLED <del>BE</del> ON WALL BEHIND WAREWASHING SINK	

Received by (name and title printed): <b>Charlene Pace</b>	Inspected by (name and title printed): <b>JENNIFER COLEMAN, EHS</b>
Received by (signature): <i>Charlene Pace</i>	Inspected by (signature): <i>Jennifer Coleman</i>
cc:	cc: