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 WENDY'S OLD FASHIONED HAMBURGERS	**Telephone Number** (260) 824-2443 Establishment (765) Owner 622-0956	**Date of Inspection** *(mm/dd/yr)* 2/10/2010	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 860 N MAIN ST. BLUFFTON IN 46714			
Owner WENBLUF INC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 2/26/2010
Owner's Address 106 E 4th ST. MARION IN 46714	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge	4. Pre-Operational 5. Temporary	C 0 NC 1 R 0	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler CLARISSA HALER / LISA DODD	7. Other *(list)*	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
324	NC		THE HAND WASH SINK IN THE DRIVE-THRU AREA IS LEAKING	14 DAYS

Received by *(name and title printed)*: Clarissa Haler Assistant	Inspected by *(name and title printed)*: JENNIFER COLEMAN EHS
Received by *(signature)*: Clarissa Haler	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: