RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

[redacted]

ADAMS CO. HEALTH DEPT.
313 JEFFERSON ST.
DECATUR, IN 46733
(260-724-5326

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 Bellmont High School	**Telephone Number** (X) Establishment ( ) Owner 724-7121	**Date of Inspection** *(mm/dd/yr)* 2-11-10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1000 E. North Adams Dr. Decatur			
Owner North Adams Community Schools	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 Days
Owner's Address	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Summary of Violations:** C 0 NC 1 R	
Person in Charge Lynn Wurm		**Menu Type** *(See back of page)* 1 2 & 3 4 5	
Responsible Person's E-mail			
Certified Food Handler L. Wurm, E. Ripley			

- 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
	NC		Fan guards for two wall-mounted units in dishwash room soiled with dust build-up	1 week

Received by (*name and title printed*):
Lynn Wurm

Received by (*signature*):
Lynn A. Wurm

Inspected by (*name and title printed*):
Joe Spaulding

Inspected by (*signature*):

cc:

cc:

cc: