



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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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 <i>Gathering House</i>		Telephone Number ( <input checked="" type="checkbox"/> ) Establishment ( ) Owner <i>589-8566</i>	Date of Inspection (mm/dd/yr) <i>2-25-10</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>105 W. Main St. - Berne</i>		Owner <i>Dorothy Coyne - Eckrote</i>	Follow-up	Release Date
Owner's Address	Person in Charge <i>Dorothy Eckrote</i>	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 3 NC 1 R</i>	
Responsible Person's E-mail	Certified Food Handler <del>1004</del> <i>3</i> <i>Dorothy Eckrote</i> <i>Ardonna Jackson</i>		Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	

- 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
<i>295</i>	<i>C</i>		<i>large can opener in kitchen is soiled w/ asst food product.</i>	<i>ASAP</i>
<i>298</i>	<i>NC</i>		<i>Two Wave, white GE microwave, is soiled w/ asst. food spillage</i>	<i>1 day</i>
<i>191</i>	<i>C</i>		<i>Containers of sliced Turkey observed in refrigerator, container covered - no date marking</i>	<i>ASAP</i>
<i>139-C</i>			<i>zip lok Bag of "pulled" Chicken Breast with EXP date 2-15-10 (Thrown out ASAP By kitchen help)</i>	<i>ASAP</i>

Received by (name and title printed): <i>Ardonna Jackson</i>	Inspected by (name and title printed):
Received by (signature):	Inspected by (signature): <i>Richard Thompson</i>
cc:	cc:

CHECKLIST AND NARRATIVE REPORT

Date Completed 2-25-10

ADAMS COUNTY HEALTH DEPT.  
313 Jefferson St. Room 314  
Deerfield, IN 46733  
260-724-5326  
260-724-5328 - FAX

The following is my response to the inspection checklist and narrative report prepared by your agency's representative. Richard Thompson on 2-25-10

295 C - cleaned as we were cleaning up @ the end of the day. 2-25-10

298 NC - cleaned @ the end of the work day. 2-25-10

191 C - thrown away 2-25-10

139 C - thrown away 2-25-10

X Name & Title Alroy Cayne Eckert Pres.  
X Establishment The Gathering House Inc  
X Address 105 W Main Berne In 46711