

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

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 lin	nit for corre	ction of each violation is specified in the narrative portion of th				
Black	Slactford Intermediate School tablishment Address (number and street, city, state, ZIP code)		Telephone Number (705 348-7595 () Owner	Date of Insp (mm/dd/yr)		5
Owner's Ad Owner's Ad Old Person in C TCMM Responsible +SiS + Certified Fo	Person's E	County Schools -2005 HC IN 47348 ster	Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 2-ZO-Z3 Summary of Violations: CO NCZ R Menu Type (See back of page) 1_2_3X_4_5_		
		IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	4		
		TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		D IN THE N	ARRATIVI	E BELOW AS "R"
Section#	C/NC	R Narrative				orrected By
778					fix or	
7,70	ρο	MACGINE MEASURES 1 MANUFACTURE MAS to be	50° PER		Ref	Pleace
411	NC	THE LANGUAGE WAS FORESTE	FREEZER LIGHTS ARE			, OL
700	PC	THE WALK-IN FRESZER LIGHTS ARE NOT ADMITTING ENOUGH LIGHT TO Clean or Store FOOD				Paces
	T .				winters	
			a the many of the second			×
Received by	y (name and y (signature	title printed):	Inspected by (name and title Inspected by (signature):	printed):	FSI FSI	67