

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 limit for correction of each violation is specified in the parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of the		
Establishment Name	Telephone Number	Date of Inspection ID # (mm/dd/yr)
DM ROOD & FUE QUICK MAKET	1765 348 1273	
Establishment Address (number and street, city, state, ZIP code)	() Owner -	3-1-23 2
1621 N WALNUT ST. HARTFORD CITY	D. C.	Eller Div Div
Owner DA 11 - AV STATE	Purpose:	Follow-up Release Date No 3-11-23
DANIEL E CKSTIEN Owner's Address	1. Routine	
	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$
K Bryen Childus de	4. Pre-Operational	C NC\ R
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
A J A	6. HACCP	parent halor of
Certified Food Handler	7. Other (list)	1 2 3 4 5
KRISTI HEDOEN 11/24/2020		Ger estito il :
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	
Section# C/NC R Narrative		To Be Corrected By
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Received by (name and title printed):	Inspected by (name and little p	rinted):
& Bryan Childres Ir	1/10/1	- 1714
Received by (signature):	Inspected by (signature).	n - 4)
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cc: cc:	1/ /1 /	cc:



Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: 3 0 23
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on $3-l-23$.
Date: 3-6-13 Action Taken by Establishment:
Utensils will be covered and pans are turned over when not in use!
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: USSICA Whitesell Title: Manager
Establishment Name: DM Food & Fuel Quick Mart
Address: 1621 N Walnut St. Hartford City, IN 47348
Date Received: