

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 narrative portion of this report. | | | | | | | |
|--|------------|-------|--|--|-------------|-----------------------|--|
| Establishme | ent Name | | | Telephone Number | Date of Ins | | |
| Dol | LAR | _ | ENERAL STORE # 2795 | 769 329 2530 | | mm/dd/yr) | |
| Establishme | ent Addres | | mber and street, city, state ZIP code) | ()Owner | 3-1- | 23 2 | |
| 130 | 1 N | - 6 | WALNUT St. HARTFORD | | | | |
| Owner | SENT | C£ | Coly | Purpose: | Follow-u | Release Date | |
| DolGEN CORP LLC Owner's Address | | | | 2. Follow-up | | y of Violations: | |
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| Person in C | harge | | 0 | 4. Pre-Operational | C - | - NC3 R | |
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| Responsible | Person's | E-ma | il | 5. Temporary | Menu Ty | pe (See back of page) | |
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| Certified Fo | ood Handle | er | NA | 7. Other (list) | 1_X_2 | 3 4 5 | |
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| 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 | |
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