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.

Establishment Name The Tasty Spoon	**Telephone Number** ( ) Establishment 937 Owner 902 4918	**Date of Inspection** *(mm/dd/yr)* 2-10-23	**ID #** 5
Establishment Address *(number and street, city, state, ZIP code)* 1425 N. Walnut HC IN 47348			
Owner Tennille Stephenson	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 2-26-23
Owner's Address 11369 E. 900 S-27 HC IN 47348		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tennille Stephenson			
Responsible Person's E-mail tennillestephenson@gmail.com		**Menu Type** *(See back of page)* 1___2___3✓___4___5___	
Certified Food Handler William Stephenson			

- 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
309	NC	✓	BATHROOM IS NOT VENTED TO OUTSIDE	TODAY

Received by *(name and title printed)*: x Tennille Stephenson	Inspected by *(name and title printed)*: Dale Carr - FSDI/EHS
Received by *(signature)*: x	Inspected by *(signature)*: FSDI/EHS

cc:	cc:	cc: