



# 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 <i>AG BEST EXPRESS</i>	Telephone Number <i>765</i> Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>5/5/22</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>115 SO WALNUT HARTFORD CITY</i>		Follow-up <i>NO</i>	Release Date <i>5/15/22</i>
Owner <i>AG BEST EXPRESS INC.</i>	Purpose: <input checked="checked" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner's Address <i>P.O. Box 392 MUNCIE, IN</i>		Menu Type (See back of page)  <i>1 X 2 3 4 5</i>	
Person in Charge <i>Jessica Hayworth</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>N/A per menu</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

Received by (name and title printed): <i>Jessica Hayworth</i>	Inspected by (name and title printed): <i>R Dale Carr - FSJO/MS</i>
Received by (signature): <i>Jessica Hayworth</i>	Inspected by (signature): <i>R Dale Carr FSJO/MS</i>
cc:	cc:

# Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

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## Operator Inspection Response

State Form 80047 (2-01)

DATE: \_\_\_\_\_

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 Health Department on \_\_\_\_\_.

Date: \_\_\_\_\_ Action Taken by Establishment: \_\_\_\_\_

5/9/22

Advised all employees to use 3 bay sink to wash, rinse & sanitize all soda & coffee nozzles.

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Brita Bailey Title: General Mgr.

Establishment Name: Agrest Express

Address: 115 S. Walnut St  
Hartford City, Ind. 47348