

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

		ection of each violation is specified in the narrative portion		Daniel In	
Establishm		1.1-	Telephone Number	Date of Inspection ID # (mm/dd/yr)	
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	5. WA	LINUT ST. HARTFORD CITY	med Bushes deal rate is a	Follow-up Release Date	unicipa (composition)
Owner	>	2100=56	Purpose:	Follow-up Release Date	
AGREST EXPRESS Owner's Address			1. Routine		
7 / h	N 6	RANVILLE AVE. MUNCIE	2. Follow-up		
Person in C		CHOUNT AVE, NIVIOCIE	3. Complaint	C = NC = R	-
XEWI		Chipman	4. Pre-Operational	C NC R	
Responsible	Person's E	-mail	5. Temporary	Menu Type (See back of pa	100)
Acaponsibio	I CISON S E	N/A is contributed to book to the street of	6. HACCP		
Certified Fo	ood Handler	THE REPORT OF THE PROPERTY OF	7. Other (list)	1 X 2 X 3 4	5
RH		ely EXP 4/28/29	r a re <del>d i la cale de la c</del>		
		DESCRIPTION THE CHECKLIST AND NARRATIVE COLUM	MNS MARKED "C"		
		TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			
Section#	C/NC	R Narrativ		To Be Correct	ed By
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295	NC	THE UNDERSIDE OF THE SODA MACHINE TODAY			
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		WHERE DISPENSERS CONNECT IS SOITED WITH A DARK RESIDUE			
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	(signature):		Inspected by (signature):	S 546 8 546	
XEM	ily A	Chipman	1 / Jalla	N F45	
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## 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: 3-27-25
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford County Health Department on <u>3-27-25</u> .
Date: 3-27-25 Action Taken by Establishment:
and added to dailey checklist, 3-27-25
295 underside of fountain machine has been cleaned with hot water and rag. Dark residue is now gone. 3-27-25
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Emily Chipman Title: Manager
Establishment Name: Hartford City AgBest Express
Address: 15 S. Walnut St. Hartford City, IN. 47348
Date Received: