

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 lin	mit for cor	rection	ı of each violation is specified in the narrative portion of thi	s report.		- 1	
	30R =		RE ENTERPRISES	Telephone Number	Follow-up Release Date 8/26/22		ID#
Establishm O 7	ent Addres	s (nun	nber and street, city, state, ZIP code) MONTPELER	() 7475			
Owner 54	ARON	1	DOWN HOUR	Purpose: 1. Routine			
Owner's A		-	SAME	2. Follow-up Summary of Violations:			ons:
Person in C	Charge ARON	<u> </u>	DOWN HOUR	Complaint Pre-Operational	C NC R		
Responsible				5. Temporary 6. HACCP			
Certified F	ood Handle		Down Hour EXP 1-7-2025	7. Other (list)			
• CRITICAL	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	ID IN THE A	A DD A TIM	C DELOW AS SD
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AI	VD IN THE N		
Section#	C/NC	R	/ Narrative			To Be C	Corrected By
			1 1/2/2/2010				
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Received b	y (name and Ass	d tille j	Downhour PRESIDENT	Inspected by (name and title	printed):	CSID	leus
Received b	y (signature	e):	Deurhour PRESIDENT	Inspected by (signature):		-510	/ EVS
cc:	aron	1	Xewyneur cc:	1 10000	cc:	000	
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