

Blackford County Health Department

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Operator Inspection Response

	State Form 80047 (2-01)	Γ	Date:	
Departments Fo	s a response to the inspecti bood Safety Officer/EHS	•	•	•
Date:	Action Taken by I	Establishmer	it:	
(Please forward days)	I this form to the Blackford	County Hea	lth Department b	y mail/fax within 10
Name of respor	ndent:		Title:	
Establishment N	Name:			
Address:				
Date Received:				