

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.

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Establishm BLA	ck fo	RC	Touter med late School mber and street, city, state, ZIP, code,	Telephone Number 768 348	Date of Ins (mm/dd/yr)	Spection ID #	
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020			THE STORE ST. THEIR FOLL CITY	Purpose:	Follow u	p Release Date	
Owner	Cal	1	Co Comm Schools		Follow-up Release Date NO 3-27-25		
8-4-13-10				1. Routine			
Owner's Address 0668 in 2005 HARTFORD CTY				2. Follow-up Summary		y of Violations:	
066		١	2005 THATTORD UTY	3. Complaint		_ /	
Person in C	550		1	4. Pre-Operational		NC R	
	mmi			5. Temporary			
Responsible				SCH W	Menu Ty	pe (See back of page)	
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Certified B	ood Handle	er	o tress have also may be transported whost protesting ellerness.	7. Other (list)	12	3 × 4 5	
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
Section 1 and 1 an							
• 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	
218	NC	V	HOBART WAREWASH	my MACHI		corrected	
			WASH GUAGE 150 FINE	94 160°f E	002	with.	
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Danner Killer							
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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: 3-17-25
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 17 - 25</u>
Date: $3-2/-25$ Action Taken by Establishment:
New Skemuster Reading 160 NOW
(Please forward this form to the Blackford County Health Department by mail/fax within 10
days)
Name of respondent Melley Kempl Title: FSD Establishment Name: Black Ford Intermediate School
Address: 800 W. Van Cleve
Address: 80010. Vancteue Date Received: \$3-27-25
Data Perceived: