

## 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  B _ S _ S _ N _ S _ Food _ S  Establishment Address (number and street, city, state, AIP code)  Z _ 3 _ 9 _ 2 _ N _ S _ F. RD _ 3	i ne time iir	nit for correc	tion of each violation is specified in the narrative portion of th	is report.				
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Owner BLACKFORD COUNTY SHOOLS  Owner's Address  Owner's Address  SAME  Person in Charge  SHELY KEMP  Responsible Person's E-mail  NA  Certificat Food Handler  SHELY MACTIN  Certificat Food Handler  SHELV MACTIN  Certificat Food Handler  SHELV MACTIN  CERTIFICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  "VIOLATIONS) REPEATED PROD PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  SECTION ON THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  "VIOLATIONS REPEATED PROD PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  SECTION ON THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  TO BE COrrected By  Received by (name and fille primon):  SHELLY KEND  RECEIVED BY (name and fille primo				-	1/7/	177	5	
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