



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.

Form header section containing: Establishment Name (BJS/H S), Telephone Number (765 348 7564), Date of Inspection (8/15/22), ID # (5), Establishment Address (2392 N STRD 3 HARTFORD City), Owner (Blackford County Schools), Purpose (1. Routine), Follow-up (NO), Release Date (8/25/22), Owner's Address (SAME), Person in Charge (* Shelley Kemp), Responsible Person's E-mail (N/A), Certified Food Handler (Shelley Kemp), and Menu Type (1 2 3 X 4 5).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. The narrative column contains the handwritten text: 'NO VIOLATIONS AT THIS TIME'.

Signature section containing: Received by (name and title printed): Shelley Kemp; Inspected by (name and title printed): Dale Carr; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]