

## 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	nit for corr	ection of ea	ch violation	is specified	l in the na	arrative po	ortion of this		4				
Establishment Name  13 1 5 H 5  Establishment Address (number and street, city, state, ZIP Apode)								Telephone 765	Date of In (mm/dd/yr	Pate of Inspection ID # mm/dd/yr) S/30/24 5			
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Certified Food Handler								7. Other (		12			
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