

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 parrative portion of this report.

The time lir	nit for cor	rectio	on of each violation is specified in the narrative portion of this	s report.				
Establishmo BLAC	ent Name	20	Co JR/SR HIGH SCHOOL	Telephone Number	Date of Inspection (mm/dd/yr)		ID#	
Establishmo			mber and street, city, state, ZIP code) 5 TRD 3 HARTFURD City	(7550	3-1	7-25	5	
Owner Blac	Kfor	-D		Purpose: 1. Routine	Follow-up Release Date NO 3-Z7-25			
	08 W	J .	2005 HARTFORD City	Summary of V Complaint			ns:	
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Responsible	Person's	E-ma	The street of th	6. НАССР	Menu Type (See back of page)			
Certified Food Handler 5HELL; Kemp 7. Other (list) 1 2							45	
• 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"								
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