

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.

The time lin	nit for corr	ection	of each violation is specified in the narrative portion of this	s report.			
Establishment Name				Telephone Number	Date of In: (mm/dd/yr		
131A	131	,	nber and street, city, state ZIP code)	765 347	4/7/25 5		
312	N W		NUT St. HARTFORD City	8589		= 5289 9 × 9	
Number Singh				Purpose:	Follow-u		
Owner's Ac	ldress		3113			nmary of Violations:	
541							
Person in C	•	1)	rodona	4. Pre-Operational	c_	NC R	
Responsible				5. Temporary	Menu Ty	pe (See back of page)	
		TO UT	N/A"	6. HACCP 7. Other (list)		×3 4 5_	
Certified Fo	Dood Handle		NEAP EPP 5/25/29	7. Other (131)	12	3_4_5_	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE		
Section#	C/NC	R	Narrative			To Be Corrected By	
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