



# 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>BK 1313 INC (Pit Stop)</b>	Telephone Number <b>(765) 621-0609</b>	Date of Inspection (mm/dd/yr) <b>11/8/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>312 N. Walnut St. HC IN 47348</b>	( ) Owner		
Owner <b>MANDEEP SINGH</b>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>11/18/23</b>
Owner's Address <b>1212 S. Books St.</b>	Summary of Violations: <b>C 0 NC 1 R 0</b>		
Person in Charge <b>MANDEEP SINGH</b>	Menu Type (See back of page) <b>1 2 3<sup>x</sup> 4 5</b>		
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>Pamela Whitesell 2/21/20</b>			

• 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"

Section#	C/C	R	Narrative	To Be Corrected By
<b>13</b>	<b>NC</b>		<b>Rear Door open, Doesn't Have a SELF CLOSURE DEVICE / OR SCREEN, SCREEN DOOR</b>	<b>TCT</b>
			<b>Kitchen is OK to Re-open THIS REFERENCES INSPECTION REPORT DATED 11/3/23</b>	

Received by (name and title printed): <b>MANDEEP SINGH</b>	Inspected by (name and title printed): <b>Eds</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: