



**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>BK1313 Inc (Pit Stop)</b>		Telephone Number <b>765 621-0609</b>	Date of Inspection (mm/dd/yr) <b>5/5/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>312 N WALNUT ST. HARTFORD CITY</b>		( ) Owner		
Owner <b>MANDDEEP SINGH</b>	Purpose:	Follow-up <b>NO</b>	Release Date <b>5/15/23</b>	
Owner's Address <b>1212 S Boots St. MARION, IN</b>	1. Routine	Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>		
Person in Charge <b>MANDDEEP SINGH</b>	2. Follow-up	Menu Type (See back of page)		
Responsible Person's E-mail <b>N/A</b>	3. Complaint	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>		
Certified Food Handler <b>PAMELA WHITESSELL 2/21/26</b>	4. Pre-Operational			
	5. Temporary			
	6. HACCP			
	7. Other (list) <b>NEW OWNERS</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/NC	R	Narrative	To Be Corrected By
295	NC		THE FOLLOWING EQUIPMENT "NONE FOOD CONTACT" IS SOILED WITH FOOD DEBRIS 1) AIR FRYER 2) CONDIMENT COOLER	TODAY
295	C		SANITIZER IN "RED" BUCKET @ 3-BAY SINK MEASURED 0 PPM	TODAY
			ISSUED PERMIT # 2023-073 BCHD RECEIVED CHECK FROM OWNER CHECK # 222	

Received by (name and title printed): <b>X MANDDEEP SINGH</b>	Inspected by (name and title printed): <b>R Dale Carr - EHS</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] EHS</b>
cc:	cc:

# Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: 5/6/23

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 5/5/23.

Date: Action Taken by Establishment:

5/6/23 Debris was completely cleaned up  
from the Air Fryer and in the condiment  
counter.  
-Red Sanitizer Buckets put in necessary places  
with sanitizer inside  
-continue to keep clean sanitizer in 3 Bay Sinks.  
-measure sink water by test papers.

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Karleigh Ferguson Title: Manager

Establishment Name: Pitstop

Address: 312 N. Walnut Street, Hartford City, IN