



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>10/16/24</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>312 N WALNUT ST. HARTFORD CITY</b>			
Owner <b>MANDEEP SINGH</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>PAMELA WHITSEL</b>	Follow-up <b>YES</b>	Release Date <b>10/26/24</b>
Owner's Address <b>1212 S Boots St. MARION IN</b>	Summary of Violations: <b>C 3 NC 1 R 1</b>		
Person in Charge			
Responsible Person's E-mail <b>N/A</b>	Menu Type (See back of page) <b>1 2 X 3 4 5</b>		
Certified Food Handler			

- 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
324	C	✓	THE HANDSINK BY 3-BAY THE HOT WATER SIDE DOESN'T WORK	TODAY
413	NC	✓	Rear Door DOESN'T HAVE A SOFT CLOSURE DEVICE. DOOR OPENS TO OUT SIDE PRIORITY VIOLATION 11/3/23, 6/25/24 AND TODAY 10/16/24	
336	C		NEED A BACK FLOW PREVENTION DEVICE ON THE BLACK HOSE Connected to FAUCET AT THE MOP SINK, Connected HOSE LAYING IN MOP SINK	
173	C		THE ICE SCOOP IS IN A METAL CONTAINER IN CONTACT WITH STAGNANT WATER ALSO ICE BUCKET IS BEING STORED WITH STAGNANT WATER IN BUCKET, AND IS NOT INVERTED OR COVERED AFTER USE	

Received by (name and title printed):

**Bobbie Willett**

Inspected by (name and title printed):

**EUS**

Received by (signature):

**Bobbie Willett**

Inspected by (signature):

**EUS**

CC:

CC:

CC:

\* A Follow-up will be done after  
10-26-24



State Form 48669 (R2/2-01)

**Blackford County Health Department**

506 E Van Cleve St  
Hartford City IN 47348  
Phone (765) 348-4317  
Fax (765) 348-3041  
dcarr@blackfordcounty.in.gov  
<https://www.in.gov/localhealth/blackfordcounty>

**Operator Inspection Response**

State Form 80047 (2-01)

Date: 10/16/24

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 County Health Department on 10/16/24.

Date: 10/17/24 Action Taken by Establishment:

324-C-Hose was kinked in the back, not letting pressure come through, took apart and made room in back for hose to not be kinked

413 NC- Rear door has a self closure fixed 10/16/24

336 C- Hose is gone no longer connected

173 C Ice Bucket now has a hook to be put up side down after every use

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

Name of respondent: Melinda Steff Title: - Manager -

Establishment Name: BK 1313 (Hartford City Pet Shop)

Address: 312 N Walnut Street H.C. In 47348

Date Received: \_\_\_\_\_