



# 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<br><b>BK1313 INC (Pit Stop)</b>  | Telephone Number<br><b>765 621 0609</b>                 | Date of Inspection (mm/dd/yr)<br><b>10/16/24</b> | ID #<br><b>5</b>                |
| Establishment Address (number and street, city, state, ZIP code)<br><b>312 N WALNUT ST. HARTFORD CITY</b> |   |  |                                 |
| Owner<br><b>MANDEEP SINGH</b>   | Purpose:<br><input checked="" type="radio"/> 1. Routine | Follow-up<br><b>YES</b>                          | Release Date<br><b>10/26/24</b> |
| Owner's Address<br><b>1212 S BOOTS ST. MARION IN</b>  | <input type="radio"/> 2. Follow-up                      | Summary of Violations:<br><b>C 3 NC 1 R 1</b>    |                                 |
| Person in Charge  | <input type="radio"/> 3. Complaint                      |  |                                 |
|   | <input type="radio"/> 4. Pre-Operational                |  |                                 |
| Responsible Person's E-mail<br><b>N/A</b>   | <input type="radio"/> 5. Temporary                      | Menu Type (See back of page)                     |                                 |
| Certified Food Handler<br><b>PAMELA WHITSEL</b>   | <input type="radio"/> 6. HACCP                          | <b>1 2 X 3 4 5</b>                               |                                 |
|   | <input type="radio"/> 7. Other (list)                   |  |                                 |

• 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 DOESNT WORK   | TODAY              |
| 413      | NC   | ✓ | REAR DOOR DOESNT HAVE A SELF CLOSURE DEVICE, DOOR OPENS TO OUT. SIDE PRIOR VIOLATIONS 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 STAGNET WATER ALSO ICE BUCKET IS BEING STORED WITH STAGNET 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):

**Baker BUS**

Received by (signature):

**Bobbie Willett**

Inspected by (signature):

**Baker BUS**

CC:

CC:

CC:

\* A FOLLOW-UP WILL BE DONE AFTER  
10-26-24



## 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- Hood 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- Hood is gone no longer connected

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

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

Name of respondent: Melinda Neff Title: Manager

Establishment Name: BK 1313 (Hartford City Pit Stop)

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

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