

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.

Establishment Name Telephone Number (mm/dd/yr	11 YES 11
$ 1 \rangle 1 $	r) ID #
KACKTORD BRIMARY SCHOOL 1100 000	
	6-25 5
400 E MC VONLED ST. HARTFORD	
Owner Purpose: Follow-u	
BLACK FORD COMMUNITY School 1. Routine NO	
Owner's Address Summar	ry of Violations:
0668 W-2005 HARTPORD CITY 3. Complaint	
Person in Charge 4. Pre-Operational	NC R
5 Temporary	sing (Cas back of name)
Responsible Person's E-mail 6. HACCP	ype (See back of page)
Certified Food Handler 7. Other (list) 1 2	obulses 4 X 5
Certified Food Handler	4 / / 5
• 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
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