

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 li	mit for corr	ection	n of each violation is specified in the narrative portion of this	s report.			
Establishm	ent Name	/ A	-1/0	Telephone Number	Date of In	spection ID #	
BLA	K-foro	l Cê	Jail / CANTEON SERVICES	763 348			
Éstablishm	ent Addres	s (nun	nber and street, city, state, ZIP code)	() D930	3-1	7-25 5	
006	AN	50	DOE HARTFORD City	phool supplement	Fallenia	p Release Date	
Owner BLACI	k for	Δ	County SHERIAS (KHONEN	Purpose:	Follow-t		
Owner's A	ddress	, ,	jas & HARTRORS City	2. Follow-up Sum 3. Complaint		mmary of Violations:	
Person in C				4. Pre-Operational	C NC R		
Responsibl	e Person's	E-mai	ly .			lenu Type (See back of page)	
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Certified F	ood Handle	r 6 D	时 12-5-23 to 12-5-28	7. Other (list)	123_X_45		
• 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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cc:			cc:	July Well	cc:	(