



### 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>BLACKFORD County SENIOR CITIZENS</b>		Telephone Number <b>(765) 348-4141</b>	Date of Inspection (mm/dd/yr) <b>5/4/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>101 S Mill St. HARTFORD City</b>		( ) Owner		
Owner <b>BLACKFORD County Comm SERVICE INC</b>		Purpose: <u>1. Routine</u>	Follow-up <b>No</b>	Release Date <b>5/14/23</b>
Owner's Address <b>SAME</b>		2. Follow-up	Summary of Violations:  C ___ NC ___ R ___	
Person in Charge <b>DEBRA COLE</b>		3. Complaint		
Responsible Person's E-mail <b>N/A</b>		4. Pre-Operational		
Certified Food Handler <b>DEBRA COLE EXP 4/10/28</b>		5. Temporary	Menu Type (See back of page) <b>1 ___ 2 ___ 3 X 4 ___ 5 ___</b>	
		6. HACCP		
		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
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	

**\* NOTE: KEEP MONITORING REFRIGERATOR #3 TEMPERATURES ON LOG SHEET CAUSE CONCERNS \***

Received by (name and title printed): <b>* Debora Cole</b>		Inspected by (name and title printed): <b>R Dale Carr - EHS</b>	
Received by (signature): <b>* Debora Cole</b>		Inspected by (signature): <b>R Dale Carr EHS</b>	
cc:	cc:	cc:	