



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 <i>Blackford County Sheriff Dept.</i>	Telephone Number <i>765 348 0830</i>	Date of Inspection <i>10/15/24</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>0064 N 500 E Hartford City</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>10/25/24</i>
Owner <i>Canteen Services LLC</i>	Purpose: <i>1. Routine</i>	Summary of Violations: <i>C D NC 3 R Q</i>	
Owner's Address <i>3535 Michigan Ave Coldwater MI</i>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>N/A</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>DC Thorpe</i>			
Responsible Person's E-mail			
Certified Food Handler <i>RANDY LOPER</i>			

• 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
295	NC		THE FOLLOWING NON-FOOD CONTACT SURFACES SOILED W/ FOOD DEBRIS. 1) CLEVELAND WARMER - INSIDE / OUTSIDE 2) 3-BAY - NOT IN USE ALL BAYS 3) STORE (COOKING)	<i>10/24</i>
298	NC		THE INTERIOR / EXTERIOR OF MICROWAVE IS SOILED WITH DEBRIS	
431	NC		THE FLOOR THROUGHOUT PREP AREA SOILED WITH DEBRIS	
			<i>* HOBART WAREWASHING MACHINE IS NOT OPERATING PER MANUFACTURE REQUIREMENT (164 / 156) HAVE TO USE OR USE 3-BAY SINK TILL FIXED</i>	<i>ADJ MADE * 171 / 181</i>

Received by (name and title printed): <i>G. Craig Thorpe</i>	Inspected by (name and title printed): <i>John G. Thorpe</i>
Received by (signature): <i>DC Thorpe</i>	Inspected by (signature): <i>John G. Thorpe</i>
cc:	cc:



Blackford County Health Department

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Hartford City IN 47348
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<https://www.in.gov/localhealth/blackfordcounty>

Operator Inspection Response

State Form 80047 (2-01)

Date: 10/23/24

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 10/15/24.

Date: 10/15/24 Action Taken by Establishment:

Retrained all kitchen staff on proper daily cleaning procedures.

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

Name of respondent: Randi Loper Title: District Manager

Establishment Name: Blairford County Jail Kitchen / Tigg's Canteen Services

Address: 64 N 500 E Hartford City IN 47348 / 353 S Michigan Ave, Coldwater MI 49036

Date Received: 10/15/24