



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 Blackford County Sheriff's Dept	Telephone Number 765-348-0930	Date of Inspection (mm/dd/yr) 8-1-23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 0064 N 500 E HARTFORD CITY	() Owner	Follow-up NO	
Owner BCSD / CANTEN SERVICES	Purpose: 1. Routine	Release Date 8-11-23	
Owner's Address 353 mehave Colchester MI	2. Follow-up	Summary of Violations: C ___ NC ___ R ___	
Person in Charge Debra Perry	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler RANDI LOPEZ exp 7/13/24	5. Temporary	1 ___ 2 ___ 3 ___ X 4 ___ 5 ___	
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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): * Debra Perry	Inspected by (name and title printed): R. Dalton - EYS
Received by (signature): * Debra Perry	Inspected by (signature): R. Dalton EYS
cc:	cc: