

## 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.

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Establishm	ent Name		2 1 0 00	Telephone Number	Date of Ins	
\$LAC	UK for	40	County Sherits Dept	76 3480930		
Establishm	ent Addres	s (nun	nber and street, city, state, ZIP code)	( )Owner	8-1	-23 5
001	64 K	٠ ر	500 E HARTEORD GAY	od con in days of	15887	<u> </u>
BC5.	5/	CAU	TEEN SERVICES,	Purpose:  1. Routine	Follow-u	P Release Date 8-11-23
Owner's A	ddress	35	3 mohave Glowar Mr	2. Follow-up		
Pgrson in C		_		3. Complaint	C	NCR
X D.	phra	P	rry	4. Pre-Operational		- NO N
Responsible	e Person's			5. Temporary	Menu Ty	pe (See back of page)
	Local Const		N/A	6. HACCP	i umum bil booli ocali	lone V
Certified F	ood Handle	- /	ODER 8/207/13/24	7. Other ( <i>list</i> )	12	3/45
• 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"						
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