

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 parrative portion of this report.

Owner Soponial Certified Fo	ent Addres  Address  Box  Charge  Person's	s (numb	7 tlaretedero City	Telephone Number (76\$ 348 0700)  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Insp (mm/dd/yr)  5(5)  Follow-up NO  Summary  C  Menu Typp	Relea 5 1	_ R
	N(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
	VIII				Cab san ac o		
Received by	(name an)	title p	inted):	Inspected by (name and title p.	rinted):	45	
Received by	Significant Control	Ba	Hen cc:	Inspected by (signature):	- Et	<del>}</del> 5	