

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.

The time lin	nit for corr	ection (of each violation is specified in the narrative portion of this				
Establishme	ent Name	Con	en Golf Club	Telephone Number	Date of Ins (mm/dd/yr)	ate of Inspection ID # nnn/dd/yr)	
Establishment Address (number and street, city, state, ZIP code)				()@\\\	6/7/22 3		
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Owner			16	Purpose:	Follow-u	p Releas	se Date
TRO	Y	BA	Hon	1. Routine	NO 6117122		
Owner's Ac	ddress	2	27 HARTKORD City	Follow-up Complaint	Summary of Violations:		
Person in C				4. Pre-Operational	C NC R		
		,		5. Temporary	Menu Type (See back of page)		
Responsible	e Person's	E-mail	NIA	6. HACCP	With Type (bee buck by page)		
	in balan		NIFE	7. Other (list)	1 2 3 4 5		
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