

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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Establishment Name BLAUTION GOF COB			Telephone Number	Date of Inspection (mm/dd/yr)		ID#	
Establishme	ent Address	s (number and street, city, state, ZIP code) WATER ST. HARTFORD	C)Owner a started by	10/16	0/64	9	
Owner		Silver	Purpose:	Follow-up		se Date	
TI	204	DAHEN	1. Routine	No	10/	126/24	
Owner's Address POBULATT MONTPELIER			2. Follow-up 3. Complaint	Summary	Summary of Violations:		
Person in C		Batter 1	4. Pre-Operational	C NC R			
Responsible	Person's	E-mail	5. Temporary	Menu Typ	Menu Type (See back of page)		
		N/A	6. HACCP				
Certified F	ood Handle	Sophia St, Inicky	7. Other (list)	1 2 3 4 5			
CDITICAL	ITEMS AD	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"				
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