

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.

Establishme	ent Name Hev d ent Address Officers Charge	Interior and Cax	Mediate School In violation is specified in the marrian expension Mediate School Adstreet, city, state, ZIP code) Hy Schools VS. HC Kemp	Telephone Number (7(5) 348 7596) 7(5) 348-7356) Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection (mm/dd/yr) 1-29-24 Follow-up Release Date 2-8-24 Summary of Violations: CNC R Menu Type (See back of page)		
Certified Food Handler / / / / / / / / / / / / / / / / / / /						1 2 3 4 5_	
Certified F	ood Handle	helle	1 Kemp / TAMY Sistle	ef-	(20)555.20	/85/11/3	
• CRITICAL	L ITEMS AR	E IDENTIFH	IN THE CHECKLIST AND NARRATIVE COLU	MNS MARKED "C"	VD IN THE	NARRATIVE BELOW AS "R"	
• VIOLATIO	ON(S) REPEA	R R	I PREVIOUS INSPECTIONS ARE DENOTED IN TH Narrativ		, D IN INE!	To Be Corrected By	
Section#	CINC	IX.					
			No ViolAtions TASPECTIC	ATTHIS W			
70-	by (name and Very signature)	my	d): Sister Sester	Inspected by (name and title Inspected by (signature);	maye nil ig i	-E45 EUS	