



# 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.

Establishment Name <b>Blackford Middle/Intermediate</b>	Telephone Number <b>(765) 348-7564</b>	Date of Inspection (mm/dd/yr) <b>8/15/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>800 W VAN CLEVE HARTFORD CITY</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>8/25/22</b>
Owner <b>Blackford County Schools</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C ___ NC ___ R ___</b>	
Owner's Address <b>0668 W 200S HARTFORD CITY</b>	2. Follow-up	Menu Type (See back of page) <b>1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___</b>	
Person in Charge <b>Tammy Sisler</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>SHERRY Kemp</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	
			<b>* QUAGES ON WAREWASHING NEED FIXED OR REPLACED, PIC RAN A TEMP PLATE AND TEMPS WERE WITH PLATE 162.8 °F QUAGE 150 °F, SANITING QUAGE 185 °F *</b>	

Received by (name and title printed): <b>Tammy Sisler</b>	Inspected by (name and title printed): <b>Kyle Can - FSD/BUS</b>
Received by (signature): <b>Tammy Sisler</b>	Inspected by (signature): <b>Kyle Can FSD/BUS</b>
cc:	cc: