



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 Blackford Intermediate School	Telephone Number 765-348-348	Date of Inspection (mm/dd/yr) 10/5/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 820 W VAN CLEVE HARTFORD City	(765) 348-348		
Owner Blackford County Com Schools	Purpose: <u>1. Routine</u>	Follow-up NO	Release Date 10/15/23
Owner's Address 0668 W 200 S HARTFORD City	2. Follow-up	Summary of Violations: C ___ NC ___ R ___	
Person in Charge TAMMY SISLER	3. Complaint	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ <u>4</u> ___ 5 ___	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler SHELLEY KEMP	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
			No VIOLATION AT THIS INSPECTION	

Received by (name and title printed): Tammy Sisler Manager	Inspected by (name and title printed): Robert Carr - EHS/FSIO
Received by (signature): Tammy Sisler	Inspected by (signature): Robert Carr EHS/FSIO
cc:	cc: