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 Primary School	Telephone Number: (765) 348-7595 (765) 348-7550	Date of Inspection (mm/dd/yr): 1-29-24	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 400 E. McDonald St. HC			
Owner: Blackford County Schools	Purpose: 1. Routine	Follow-up: NO	Release Date: 2-8-24
Owner's Address: Oliver W. 200 S. HC	2. Follow-up	Summary of Violations:	
Person in Charge: Shelley Kemp	3. Complaint	C 1 NC — R —	
Responsible Person's E-mail: N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler: Shelley Kemp	5. Temporary		
	6. HACCP		
	7. Other (list)	1 2 3 4 X 5	

- 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
129	C		Changing gloves without first washing hands	Corrected
		X	Using 3-Bay Sink today to wash, Rinse, Sanitize utensils ect. *	

Received by (name and title printed): Teresa Teer	Inspected by (name and title printed): Walker - EHS
Received by (signature): Teresa Teer	Inspected by (signature): Walker EHS

cc:	cc:	cc: