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	Date of Inspection (mm/dd/yr): 2-10-23	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 400 E. McDonald HC IN 47348	( ) Owner		
Owner: Blackford County Schools	Purpose: 1. Routine (circled)	Follow-up: NO	Release Date: 2-20-23
Owner's Address: 0668 W - 200 S. HC IN 47348	2. Follow-up	Summary of Violations:	
Person in Charge: Teresa Teer	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: tteer@blackfordcountyschools.org	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler: Shelley Kemp	5. Temporary	1___ 2___ 3___ 4 X 5___	
	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 VIOLATIONS AT THIS INSPECTION	

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

cc:	cc:	cc: