

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.						
Establishmo		RD	PRIMARY School	Telephone Number	Date of In (mm/dd/yr	
Establishmo		s (nur	nber and street, city, state, ZIP code)	7595	9/2	1/23 3
Owner LA	ck	Toxo	en County Com Schools	Purpose:	Follow-u	Release Date 913t/23
Owner's Ad	-		2005 HARTEMA CHU	2. Follow-up	Summary of Violations:	
000	28 U	<u> </u>	2005 HARTFORD COLY	3. Complaint		
Person in C	harge	_		4. Pre-Operational	C	NC R
1 ER	ESA		EER	5. Temporary		
Responsible	Person's		Property of the contract of th	6. HACCP	Menu Ty	pe (See back of page)
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Certified Fo	elle	er V	Kenp	7. Other (ast)	12	3_4_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
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	THIS INSPECTION					
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			to get to manufactur	COS SAMOVIY	304	
Requirement						
Received by (name and title printed):						
*Toresa leer Laby Mi-EUS						
Received by (signature): Inspected by (signature):						
CC: GC: GC: CC: CC:						
cc: U CC:						