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: BURGER KING # 875	Telephone Number: (765) 348-9714 Establishment; ( ) Owner	Date of Inspection (*mm/dd/yr*): 5/12/22	ID #: 5
Establishment Address (*number and street, city, state, ZIP code*): 2003 N WALNUT ST. HARTFORD CITY			
Owner: CARROLLS LLC	Purpose: 1. Routine	Follow-up	Release Date
Owner's Address: 968 JAMES ST. SYRACUSE NY	2. Follow-up	Summary of Violations:	
Person in Charge: BRIAN GLASS - DGM	3. Complaint	C____ NC____ R____	
Responsible Person's E-mail: N/A	4. Pre-Operational	Menu Type (*See back of page*)	
Certified Food Handler: MICHAEL PACE EXP 1-7-23	5. Temporary	1___ 2 X 3___ 4___ 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
			THIS REPORT IS A follow-up from 5/10/22, AFTER A WALK THRU INSPECTION FAILED, MR GLASS CALLED BCHD AND DALE CARR - EHS ARRIVED, BCHD TO RETURN 5/11/22 @ 7 AM.	
			STORE HAS BEEN CLEANED / IN CLEANING IN PROGRESS (MR. GLASS HAS PICTURES) THIS facility HAS corrected ISSUES.	

Received by (*name and title printed*): Brian Glass D.M.	Inspected by (*name and title printed*): R. Dale Carr - EHS/FSID
Received by (*signature*):	Inspected by (*signature*): R Dale Carr EHS/FSID
cc:	cc: / cc: