

## 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 parrative portion of this report.

Establishment Name  Surface Ring Research  Establishment Address (number and street, city, state, special)  2003 N WALDUT St. FARTORD Cty  Purposer  CARROLS TOUC  Oyner's Address  Oyner's Address  Herror Oster  Conner's Address  Oyner's Address  Responsible Person's E-mail  NA  Certifical Food Handler  MICHAL ON REPEATED FROM PREVIOUS INSPECTIONS ARD DIVITE SUMMARY OF VIOLATIONS' AND IN THE NARRATIVE BELOW AS "RESCIONA"  Resident On The Checklist and NARRATIVE COLUMNS MARKED CC  "VIOLATION OR REPEATED FROM PREVIOUS INSPECTIONS ARD DIVITE SUMMARY OF VIOLATIONS' AND IN THE NARRATIVE BELOW AS "RESCIONA"  RESCIONAL ON REPEATED FROM PREVIOUS INSPECTIONS ARD DIVITE SUMMARY OF VIOLATIONS' AND IN THE NARRATIVE BELOW AS "RESCIONAL ON THE NARRATIVE BE	The time limit for correction of each violation is specified in the narrative portion of this report.							
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Orner's Address  List States  L	Owner	ı				1 1		
Person in Charge  **MUACI CA JONES**  Responsible Person's E-mail  **NIA**  **Certified Food Handler**  **MICHAL! PACE EAP 1-7-28  **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND MARRATIVE COLUMNS MARKED "C"  **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELIOW AS "FE  **Section**  **CRUTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND MARRATIVE COLUMNS MARKED "C"  **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELIOW AS "FE  **Section**  **TO BE COFFEED BY  **FLOOR IS SON ON UTM FOOD 9 OHDER  **DEDRIS**  **DEDRIS**  **TO BE COFFEED BY  **PRODUCT OF TO BE COFFEED BY  **INSPECTION OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF TO BE COFFEED BY  **PRODUCT OF TO BE COFFEED BY  **INSPECTION OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE STORM AND THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE PROPERTY OF THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE PROPERTY OF THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE PROPERTY OF THE PROPERTY OF TO BE COFFEED BY  **PRODUCT OF THE PROPERTY OF THE PROPERTY OF TO BE COFFEED BY  **PROPERTY OF THE PROPERTY OF T		T				100 1101		
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Responsible Person's E-mail  Certified Food Handler  MICHALI PACE BYP 1-7-28  - CRITICAL ITEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  + VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENTIED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "RESection!  CINC R  Narrative  To Be Corrected By  TODAY  Flow IS SOLED WITH FOOD 9 OHNER  DEDTE S  DESTE S  Received by (nume and ritle printed):  When I Specified by signature):  Inspected by signature):  Menu Type (See buck of page)  1_2 X_3_4_5  1_2		1	ia	Janes		C	_ NC R	
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