

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 lin | nit for cori | ection | of each violation is specified in the narrative portion of thi | s report. | | | |
|--|--------------|---------|--|--|--|-------------|--------------------------------------|
| Establishmo | ent Name | A - 0 | maco # 6622 | Telephone Number | Date of Inspection ID # (mm/dd/yr) | | ID# |
| Establishment Address (number and street, city, state, ZIP code) | | | | 4134 | 411: | 6/13/22 5 | |
| | | | nber and street, city, state, ZIP code) | ()Owner | 61,0 | 1120 | |
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| Owner | 16- | | 11501 11C | | A JO | | 23/22 |
| Owner's Ac | K- 3 | יטנ | perf ac | 1. Routine | | | |
| Owner's At | E C | 15 | DR. MC1160 WOODSOCET PET | 2. Follow-up | Summary of Violations: | | |
| Person | Thomas . | | DR. MICHO WOOMS 0201 14 | 3. Complaint | C NC P | | |
| Person in C | narge | | | 4. Pre-Operational | C NC R | | |
| Responsible | e Person's | E-mail | 1 | 5. Temporary | Menu Type (See back of page) | | |
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| Certified Fo | ood Handle | r | - reduction of the second seco | 7. Other (list) | $1 \wedge 2$ | 3 | 4 5 |
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