



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 TIGGS CANTEN (BCJ)		Telephone Number (765) 348-5938	Date of Inspection (mm/dd/yr) 5/12/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 064 N 500 EAST HARTFORD CITY		() Owner	Follow-up NO	
Owner CANTEN SERVICES	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date 5/22/22	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 3535 Michigan Box 160 Coldwater MI	Responsible Person's E-mail N/A	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___		
Person in Charge LORI MILLER		Certified Food Handler Lori Miller - exp 7/15-24		

- 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): Debra Perry	Inspected by (name and title printed): Kate Carr - FSJOL EHS
Received by (signature): <i>Debra Perry</i>	Inspected by (signature): <i>Kate Carr</i>
cc:	cc: