

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

The time lin	nit for cor	rectio	n of each violation is specified in the narrative portion of this report.	Danitation Requirements.	
Establishm		1.	Telephone Number Date of In		
CAR	RIES	5			
Establishme		(2)	SHINGTON RD MONTOELIER () 5044 612	2/23 5	
Owner	221		Purpose: Follow-u	Release Date	
TRAV		هی	RRIE SCRIBA 1. Routine		
Owner's Ac	E E	RE	54 M0-7128	ry of Violations:	
Person in C		Ġ.	4. Pre-Operational C_	NC R	
Responsible	Person's	E-ma	il 5. Temporary Menu Ty	ype (See back of page)	
•			W/A	Bruitin I I	
Certified Fo	ood Handle	er CR	1_2 = 100 8/9/25 7. Other (list) 1_2	2 3 4 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATIC	N(S) REPE	ATEL	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	
295	C		3- CONTAINERS ON A RACK, STORING	700AY	
			CLEAN Utensils, container is soiled		
			WITH DEBRIS		
			Security hyper naturate and Managament in American and American Superior and Control of San Control of		
245	Nc		3-50,160 wiping cloths - Zow prep	+0DAY	
			Heble 1 AT WAITRESS/WAITER STATION		
			NOT IN SANITIZED FOLLTION.		
			TOOT TO SHOUTED ON OTHERS.		
430	NC		-1- 120 11 Dags 2000 CCB 2001-11207	ASAP	
730	170		THE BACK DOOR AND SCREEN - NEED	7.50	
			REPAIRED / REPLACED, THEY DO NOT		
			CLOSE TIGHT AND Have gaps AT		
		-	Bottom THAT DOSENT PROTECT THIS		
			facility from Animals and insports		
			Y .		
			Million to the control of		
Received by	(name and	title.	printed): Inspected by (name and title printed):	EHS/	
Received by (signature):					
χ (_W	W	X. SCola Walken	645/	
cc:			cc:		

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317 Fax # 765-348-3041					
Operator Inspection Response					
State Form 80047 (2-01) DATE: 6/22/23					
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford Health Department on <u>6/22/23</u> .					
Date: Action Taken by Establishment:					
6/22/23 Section# 295 chitical					
Utensil Storage areas have been cleaned and sanition					
All Both & Fort Staff he been instructed to change					
Storage containers frequently.					
6/22/28 Section# 245					
Employees have been educated on the importance of					
Keeping sanitises dath in solution. Thre will be no					
exter chothe out that is not for immediate use					
Inlasta & Sent Sun + 11818					
Back door has been updated and repaired. Door					
is now air tight.					
(Please forward this Form to the Blackford County Health Department by mail/fax within					
10 days)					
Name of respondent: Travis Scrib. Title: Kitchen Manager Establishment Name: CARRIER RefAURANT I.L.C					
Establishment Name: CARRIES ROSAGINDANT 11.C					

Address: 619 W Huntington St Manfpelier, 11/1 47859