

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.

| The time in | init for cori | rectio | n of each violation is specified in the harrative portion of th | is report. | | | |
|-------------|--------------------------|--|--|------------------------------|--|----------|--------------|
| Establishm | ent Name | ~ | RESTAURANT | Telephone Number | Date of In: (mm/dd/yr | | ID# |
| Establishm | ent Addres | S (m) | mber and street, city, state, ZIP code) | - | 17/13 | 3/22 | 15 |
| 619 | | | Edinaton RO Montrolie | 9044 | 171 | 1100 | 750 |
| Owner | <u> </u> | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | COLLIED A POLICE | Purpose: | Follow-u | p Relea | se Date, |
| 101 | 4/15 | 1 (| ARRIE SCRIBA | 1. Routine | NO | 121 | 23/22 |
| Owner's Ac | ddress | | | 2. Follow-up | Summary of Violations: | | |
| 777 | F E | FRE | =EN St. Montpelier | Part = 1220 • | | | |
| Person in C | | | | 3. Complaint | $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ $_{\rm R}$ | | |
| | 41/15 | < | CRI BA | 4. Pre-Operational | | | |
| Responsible | 1010 | | | 5. Temporary | Menu Type (See back of page) | | |
| | | | 11/4 | 6. HACCP | | amir Dir | |
| Certified F | ood Handle | er | The state of green at the state of the state | 7. Other (list) | 1 2 3 × 4 5 | | |
| TRA | TRAVIS SCRIBA EXP 819/25 | | | | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | 1 | | |
| | | | | | * 150 | | DEL ON 12.22 |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | UMMARY OF VIOLATIONS" A | ND IN THE | | |
| Section# | C/NC | R | Narrative | ^ | 3 | To Be C | orrected By |
| 187 | C | | THE Following items | VATED 12/11 | 25/25 | DLS | asses |
| | | | 12/11/22 TEMPEN 439 | FINWACK- | in | AY | Margaes |
| | | | | 10f or Below | | t | |
| | | | | 1 + 01- 195100 | | | |
| - | | | GREEN BEAWS | | | |) |
| | | | Chili | | | | |
| | | | MASU Potatos | | | |) |
| Į. | | | RRODIN GRAU | | | | \ |
| 295 | C | | THE MEAT SLICER STORE | 1 Asclean | 15 | 75 | Dave |
| 273 | <u> </u> | | | | | 10 | pay |
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| | | | | <u> </u> | | | |
| Received by | y (name and | l title | | Inspected by (name and title | printed): | D- | |
| X | IRA | +1) | IS SCRIBA K.M. | I KI HOXI) | h- | 510 | 1645 |
| Received by | | | 2 | Inspected by (signature): | | 1/ | 1.7 |
| X 7 | 11 | 1 | l'i | 12/11/1 | - 12 | 577/ | 1345 |
| cc: | - | _ | co: | 11/1000 | cc: | 1 | |
| 30. | | | | | and the second | | |



Blackford County Health Department 506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

| | State Form 80047 (2-01) Date: 12/13/22 | | | | | |
|------|--|--|--|--|--|--|
| | 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 County Health Department on 12/13/22. | | | | | |
| | Date: 12/13/22 Action Taken by Establishment: | | | | | |
| 295C | Meat slicer has been properly cleaned and sanitized. Employees have been instructed to disassemble, slicer after use. | | | | | |
| | nam been instructed to disastemble stiller after use. | | | | | |
| | | | | | | |
| 87C | Walk-in has been inspected and repaired by our technicism. is now maintaining temperture of 39°F. We will also be | | | | | |
| | updating insulation around door. | | | | | |
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| | (Please forward this form to the Blackford County Health Department by mail/fax within 10 days) | | | | | |
| | Name of respondent: TRAVIS SCRIBA Title: Kitchen Manager | | | | | |
| | Establishment Name: CARRIE'S Restaurant LLC | | | | | |
| | Address: 619 W Huntington St Montpelier IN 47359 | | | | | |
| | Date Received: | | | | | |