

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	mit for cor	rection	n of each violation is specified in the narrative portion of this	s report.				
Establishm	ent Name	4	10000	Telephone Number	Date of Inspection ID # (mm/dd/yr)			
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		s (nur	mber and street, city, state, ZIP code)	()Owner	416	46/23 1		
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Owner	iey		texativas Co	Purpose:	Follow-up Release Date 4/16/23			
Owner's A				2. Follow-up	Summary of Violations:			
Person in C	harge	Ho	MAND	3. Complaint 4. Pre-Operational	C NC R			
Responsible		F_mai		5. Temporary	Menu Ty	pe (See back	of page)	
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• 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	te g		To Be Cor	rected By	
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