

## 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.							
Establishme CAS		<u> </u>	# Z288	Telephone Number 765 331 6228	Date of Insp (mm/dd/yr)	,	ID#
			mber and street, city, state, ZIP code)	( )Owner	4/7/22 3		
Owner	SEY'S	ร์	MKTS Co	Purpose: 1. Routine	Follow-up Release Date A/17/22		
Owner's Ac	ldress			2. Follow-up	Summary of Violations:		
Person in C	Box harge		ADDENT, IA	3. Complaint	C NC R		
Betty	Hol	LAN	UD	4. Pre-Operational 5. Temporary			
Responsible	Person's l	E-ma	N/A	6. HACCP	Menu Type (See back of page)		
Certified Fo			<ul> <li>การ เรราก ปรุงกร รางราบรอง การปลากระบาง ปีโดยกายคลา</li> </ul>	7. Other (list)	Other (list) 1 2 X 3 4 5		
BEHY HOLLAND							
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>							
Section# C/NC R Narrative							orrected By
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Received by (signature):  * Betty Island  Inspected by (signature):    FSIO/ENS							
cc:   cc:   cc:							
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