

## 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.

The time li	mit for cor	rection	n of each violation is specified in the narrative portion of th	is report.			
Establishment Name				Telephone Number (705) 331-0228	Date of Inspection (mm/dd/yr)  1130/22  5		
Casey's #2088				( )Owner			
Establishment Address (number and street, city, state, ZIP code)  901 South Walnut Hartford City IN 47348							
Owner	ule N	100		Purpose:	Follow-u	P Release Date	
Owner's Address							
P.D. Box 3001 Ankeny 1A 50021				2. Follow-up Sumr 3. Complaint 4. Pre-Operational		y of Violations:	
Person in Charge						C NC R	
*Betty Holland				5. Temporary			
Responsible	e Person's	E-mai	i co opyroficaje jedo o odoce i ijrejenod se odeje Zusah re	6. HACCP	Menu Ty	Menu Type (See back of page)	
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Dawn Eppard							
<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>							
			Narrative	DIVINIARY OF VIOLATIONS AP	ND IN THE	To Be Corrected By	
Section#	C/NC	R	Narrauve			To be Corrected by	
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* Bet	ty Ho	1/0	ind. Manager	K lase A	~ ~	ENS	
Received by (signature):  Received by (signature):  Inspected by (signature):							
Received by (signature):  Butty Holland  Inspected by (signature):  Authority Holland							
cc: (			cc:	10	cc:		
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