

## 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 parative portion of this report

The time in	nit for corr	ectioi	of each violation is specified in the narrative portion of thi			
Establishmo			Telephone Number	Date of Ins (mm/dd/yr)		
(65003 (65003)						
Establishment Address (number and street, city, state, ZIP code)  5)27/25  5)27/25						
901 5 WALNUT HARTFORD CITY 7072						
Owner Purpose: Follow-up Release Date						
CAE	5 NA	1	ARKETING COMPANY	1. Routine	No	6-6-25
Owner's Ac	ldress			2. Follow-up	Summary of Violations:	
DNE S	TE Co	P\IE	ENIGHCE Blud ANKENY IA	3. Complaint	PIPF	
Person in C	harge	11		4. Pre-Operational	C =	NC -R
Ket	y Ho	1/2	CON			
Responsible	Person's l	E-mai		5. Temporary	Menu Ty	pe (See back of page)
6. HACCP						
Certified Food Handler 7. Other (list)						<u>X</u> 345
Betty Holland 6/20/2028 EXP						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• CRITICAL TIEMS 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"						
		_		WIMARY OF VIOLATIONS" AI	ID IN THE I	
Section#	C/NC	R	Narrative			To Be Corrected By
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		X	Time This Day	NEW CODE	- *	1
RULE 410- IAC 7-26						
Received by (name and title printed):  Inspected by (name and title printed):						
7 Betty Holland Store Manager Kall Colys						
Received by (signature): Inspected by (signature):						
1 A	THE "	70	olland	1 4/M AL	nt	-45
cc:	our l	-2 03	CC:	.010	cc:	