

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.

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CHUBBY BURGER - COMMISSARY				Telephone Number	Date of Inspection (mm/dd/yr)	
Establishment Address (number and street, city, state, ZIP code) 1 8686						-25 5
Owner	(***	-	EVIWS	Purpose:	Follow-u	
				2. Follow-up	Summary of Violations:	
400	112)er	FERSON St. HARTFORD CHY	3. Complaint		
Person in C	harge -		ENINS.	4. Pre-Operational	C NC R	
Responsible		-		5. Temporary Menu Type (See back of page)		
	200	ga na	Nla	6. HACCP	V	sual p
Certified F	ood Handle	er B	evins exp 3/16/28	7. Other (<i>list</i>)	1345	
• 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#	on# C/NC R Narrative					To Be Corrected By
1			Commissary			BEFORE
			NEED DOOR SWEED ON OVERHEAD DOOR			OPENING
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Received by (name and tille printed): Inspected by (name and tille printed):						
Received by (signature): Inspected by (signature):						
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cc:			cc:		cc:	