

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 parrative portion of this report.

the time limit for correction of each violation is specified in the narrative portion of this report.						
Establishme	ent Name	Quick Stop	Telephone Number	Date of Inspection (mm/dd/yr) ID #		
Establishme	ant Addres		178 6	620	22 2	
1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
000	2 W	HUNTINGTON KA Wontpeller	Purpose:	Follow-up	Release Date	
OWNER PATE			1. Routine	1 ES 7-10-22		
Owner's Ac	ldress		2. Follow-up	Summary of Violations:		
680 w GREEN St. Montpelier			3. Complaint	3 3 1		
Person in C	harge	1/		C NC S R		
PIII	11001	notel	4. Pre-Operational	J	K	
Responsible	Person's	E-mail	5. Temporary	Temporary Menu Type (See back of page)		
		NA	6. HACCP	. HACCP		
Certified Fo	ood Handle		7. Other (list)	1 2	3 4 5	
	A	UMER PATEL BY 4/9/23		19.27		
• 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		To	Be Corrected By	
413	NC	V THE BACK DOOR IN THE	- KITCHEN I	5	TODAY	
		being proped open a	AUSING Fly	15		
	(mu = r	TO MANY TO COUNT IN	KITCHEN AK	D		
		STORE (SUGGESTION ADD:	SCREEN DEOR	2 to		
		INSIDE of FRAM AT 16 M	ESH USE When	1 000R K	sopen)	
415	C	Elys to many to coun		ot	TODA?	
		this facility				
310	NC	THE VENTS FOR THE HO	DO SYSTEM	ABOVE	PAGOT	
	_ NA	CRYERS IS SOILED WITH	grease/Lint	other 6	Jebris .	
295	C	THE VEGETABLE AND DO	tate SLICERS	ARE	TODAY	
		STORED AS CHEAN, SOU ED	with feed a	lebers		
295	NC	INTERIOR of the Fregida	IRP GREEZER	m	TOPAY	
		Ketchinis SollED Wim +	Food de bris &	450	,	
		THREE FLAVOR SYRUPS.	the Dispens	ERS		
		goiled with dark Resul	DUE, ALSO.	the		
		Rrown container hold	lug contomi	twis		
. I	TAY	IE KETCHUP, Salt ect. S	oilen win f	ood debr	15	
		ALSO the unside of the floor	coder with	P122a	. (
		Ingredience including L	05 15 301 /AD	with fo	ad debris	
Received by (name and title printed): Inspected by (name and title printed):						
" meet pettel 1/4 let in FSJO / E43						
Received by (signature): Inspected by (signature):						
* mespect						
ce: CC:						

Blackford County Health Department

Fax # 765-348-3041

DATE: 08-01-22

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Operator Inspection Response

State Form 80047 (2-01)

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford Health Department on <u>6130</u>
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Date: Action Taken by Establishment:
07-05-22 called Professal Plumber and fix Hund Washing sink in Lite Hen
07-28-22 culled Professal Hood clears and clean the bood.
07-28-22 Change all ties on celling
07-25-22 Change New AIC Unit
07-20-22 Put fly concuteh outside.
(Please forward this Form to the Blackford County Health Department by mail/fax within
10 days)
Name of respondent: Kyyshik Pettel Title: Other
Establishment Name: Clurk Quick Stop.
Address: 620 W Huntington St Montfeller IN 47359