

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 powerfier parties and this way.

			on of each violation is specified in the narrative portion of this repo	ort.			
Establishm				lephone Number	Date of In		ID#
	RK (<u> (ک</u>	DUKSTOP	65 728	1 ,	7	_
Establishment Address (number and street, city, state, ZIP code) 620 W HUNTINGTON ST MONTROLLUP () 2522 (6/16/25)							7
Owner							
KAI	15 H	(K	LIMING POLE	Routine	Follow-up Release Date 6/26/25		
Owner's A		7	1 00 1 2	Follow-up			
800	W	He	=100;20cm; 27 11100+0=1 HZ	Complaint	Summary of Violations:		
Person in C	Charge	n)[Pre-Operational	C NE R		
				Temporary	CORE PIPE		
Responsibl	e Person's	s E-ma	111	HACCP	Menu Ty	pe (See back	k of page)
Certified F			7. (Other (list)	1 2	3 1	4 5
KAUSHI KRUMUS PATE EXD 1-73-28							
• CRITICAL	L ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKE	ED "C"			
• VIOLATIO	ON(S) REP	EATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMAR	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
142	P		WORKING COUNTER REGISTE	R/hampli	Na	TOP)A4
			Money exc. then puts	ON Glas	18		
tul	odrugi	2)18	WITHOUT MANDUASHING &	CHEMPEN - MI TO	MIE	<	7
			FRIED FOODS FOR CARRYOU	Tall a mile of trajente in a	10.010	1700	
308	C		INTERIOR OF MICROWAVE SOILED WITH TODAY				
			food de bris.	Zerren son		10/2	,,,,,
186	P		REUSING a loves to MAKE	PIZZAS	- M)	Tor	DAY
			Kute Han)	, proc.	2 7.0	,	//~ 1
242	C		CAN ODENZE BLADE / BASE	STORED	OUT-	YM	244
50.7	1 3. 7	- 1)	SIDEONA PRED FABIE AND	15 RUSTE		, O 1.	2,74 ,
			0 10 011	D with de	1	,77.	DAY
239	DE		INTERIOR OF ITS MACH WE		- 13/		1090
			RESIDUE ON PLASTIC PLATE.	VASIA DI	earn	154	
226	P	1			. 16 -10	-7-	20/15
	•		USING IN WALKEN COOLER				ZHRS
			WOOD SHELVES FOR LINGS		1000	-IWEDS	5
	-		AND 1- HAND MADE SHEZE	all and a single and through	Turner Totale		
	Water Water	سعك	7/15 112 50 Done Done	0 11 - 0	a		2
-		7	THIS INSPECTION DONE PER CODE RULE ALD-IAC 7-26	K NEW X	2013		
Received by	(name ana	title r		eted by (name and title pr	forth D.		
			ing liter	Vill A	(Marie La).	1 6	145
Received by	(signature):		po by (signdturg):	, - 0	$\frac{\mathcal{L}}{\mathcal{L}}$	
Y	dilo	ek		4 POLL N	161	15	
cc:		/	cc:	# 1	cc:		
				V			- 1



Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 ->dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: 06-16-25
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 County Health Department on 6/16/2025.
Date: 06-16-25 Action Taken by Establishment:
1) (leanthe Ice machine
(2) Toush Ottou Pizzu Nets
3) (not it Colombo). Painter Will be Nort Week Coming. Paints.
(4) Clean the tra muchine.
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Kunshih late! Title: Owner
Establishment Name: Clurk Quick Stop
Address: 620 H Huntington St Montrelier IN 47359
Date Received: By Comails