

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 li	mit for cor	ection	n of each violation is specified in the narrative portion of this	s report.			
Establishm	ent Name		<u> </u>	Telephone Number	Date of Ins	spection	ID#
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Establishm	ent Addres	s (nu)	mber and street, city, state, ZIP code)	745330 4347	Z-Z	3-24	
Owner (itie	hi	ch	Purpose: 1. Routine	Follow-up Release Date 3-Z-24		
Owner's A	ddress	1,	Nahash Ave HC	2. Follow-up 3. Complaint	Summary of Violations: C NC R		
Person in C	harge hat	iP	Bich	4. Pre-Operational			
Responsible	e Person's	E-mai	WA was a second of the second	5. Temporary 6. HACCP			
Certified F	ood Handle		mcw4127	7. Other (list)			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
		,	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	rrected By
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Received by	Mar	ll	x Jowell	Inspected by (name and title p	njiniea).	, - 6	U3
Received by	(signature): (LADWELL	Inspected by (signature):	1	, - 6 - E	WS
cc:		-	col	- V	cc:		