



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.

Form header with fields: Establishment Name (Common Grounds), Telephone Number (765 547 8008), Date of Inspection (5/15/22), ID # (5), Establishment Address (119 W. Washington St. Hartford City), Owner (Katie Rich), Purpose (1. Routine), Follow-up (NO), Release Date (5/15/22), Owner's Address (804 W. Washington St. Hartford City), Person in Charge (Katie Rich), Responsible Person's E-mail (N/A), Certified Food Handler (Katie Rich, expires 6/25/2023).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 295 C (2 containers soiled with food debris) and 245 NC (soiled wiping cloths).

Signature section with fields: Received by (name and title printed), Received by (signature), Inspected by (name and title printed), Inspected by (signature), cc: (three empty fields).