

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 lir	mit for corr	ection	of each violation is specified in th	e narrative portion of this													
Establishme	777777 CARTER 78		Gen = 5	Telephone Number	Date of Inspection (mm/dd/yr)												
Establishme		s (num	ber and street, city, state, ZIP code	ETRORD CUTY	()6550	5/27	2125	5									
Owner	WWASHINGTON - HARTFORD CUTY				Purpose:	Follow-up	e Date										
Owner's Address 802 NWABASH HARTFORDS CHU Person in Charge Certified Food Handler NARRISE A MCWHIRF.					2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:											
										ITEMS AR	E IDEN	TIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS M		ND IN THE NAI	RRATIVE	BELOW AS "R"
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