

## 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.						
Establishment Name				Telephone Number		
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Establishment Address (number and street, city, state, ZIP code)				( )34 ( 00	9/18	3/24 5
119 W WASHINGTON ST. FARTFORD Cay 8000						
Owner /	1 .	001	2 July 10 1. 311 July HOED - 4	Purpose:	Follow-u	p Release Date / ,
14	7415	K	S CAJ	2. Routine	NO	9/28/24
Owner's Address					7 11201	
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Responsible	e Person's	E-ma	1)/A	6. HACCP	Menu 13	pe (See back of page)
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• 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"						
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