



**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 COMMON GROUNDS	Telephone Number 765 347-8008	Date of Inspection (mm/dd/yr) 11/21/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 119 W WASHINGTON ST. CITY HARTFORD		Follow-up YES	Release Date 11/30/23
Owner HATI RICH	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: C 1 NC 0 R 0	
Owner's Address 804 N WABASH AVE HARTFORD CITY	2. Follow-up	Menu Type (See back of page)	
Person in Charge JIM FERGUSON	3. Complaint	1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler * EXPIRED 6/25/23 *	5. Temporary		
	6. HACCP		
	7. Other (list) Closed		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
118	C		<p>THE CERTIFIED FOOD MANAGER - (OWNER) EXPIRED 6/25/23 AS NOTED ON AN INSPECTION DATED 6/16/23 TO THIS DAY OF INSPECTION 11/21/23 HAS NOT BEEN UPDATED / CURRENT ISSUE FOR THIS FACILITY.</p> <p>THIS FACILITY IS CLOSED TILL A CERTIFIED FOOD MANAGER HAS COMPLETED AND PASSED COURSE REQUIRED BY "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS" TITLE 410 IAC 7-24 EFFECTIVE 11/13/04 ISSUED</p>	ASAP

Received by (name and title printed): Jim Ferguson	Inspected by (name and title printed): R Dale Carr - EHS
Received by (signature): <i>Jim Ferguson</i>	Inspected by (signature): <i>R Dale Carr</i>

cc:	cc:	cc:
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