

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 lin	nit for cor	rectio	n of each violation is specified in the narrative portion of this	s report.			
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Establishm	2/22 3						
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Owner	اجار	E	ckshen	Purpose:	Follow-u	P Release Date	
Owner's Ac		Λ	1 - 1/2 - 20 - 1/4	2. Follow-up	Summar	y of Violations:	
		MA	ex Ave. HARTFORD CITY	3. Complaint			
Person in C	harge _		Whitsell	4. Pre-Operational 5. Temporary	C	_ NC R	
Responsible	Person's	E-ma	Stall to a face-sing comment and a state	6. HACCP	Menu Ty	pe (See back of page)	
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Certified F	lS+L	t L	FEDDEN 11/24/2020	- date (inst)	12	3 /\ 4 5	
• 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	
						Corrected	
141	C		6 SOUDWICHES DATED	12-1 (1211)		DISCARDED	
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Received by (signature): Received by (signature): Inspection by (signature):							
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cc: /			cc:	* d	00.	1	



Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: 12-14-7022
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford County Health Department on 12122.
Date: 12-13-2022 Action Taken by Establishment:
Discussed with staff that the deli cooler needs to be at 41° or the food is contamnated we unplugged coolen and let it defrost & pugged it was at the temperature it should've been. This process along with discarding food has been discussed with staff. Discussed with owner of possibly getting new cooler that will keep the temperature it should be.
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: <u>Vessica Whitesell</u> Title: <u>Manager</u>
Establishment Name: DM Food & Fuel
Address: 1621 N Walnut, Hartford City, IN 47348
Date Received: