

## 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.						
Establishme Establishme	llar	Grant Street	eneval #18 (A Company)	Telephone Number (US) 329 - 3385 (US) 855-4000	Date of Ins (mm/dd/yr)	pection ID#
ann	51	0)(	anut 110	(41) 200- 1000		Ap621   max 34.92
Owner Dolain Corp LLC				Purpose:	Follow-up	Release Date 2 - 24
Owner's Address				2. Follow-up	Summary	of Violations:
100	MISS	51 O	n Kidge GoodlettsvilleTN	3. Complaint		
Person in C	Charge U <i>DRF</i>	ŀ	REAGON	4. Pre-Operational	C	_ NC R
Responsible	Person's	E-maj		5. Temporary	Menu Ty	pe (See back of page)
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Certified Fo	ood Handle	er /	A local section of the section of th	7. Other (list)	12_	345
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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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