



**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 <b>Dollar General Store # 18696</b>	Telephone Number <b>765-329-3385</b>	Date of Inspection (mm/dd/yr) <b>4-7-22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>900 S WALNUT ST. Hartfort City</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>4-17-22</b>
Owner <b>DOLGEN CORP</b>	Purpose: 1. Routine	Summary of Violations:  C ___ NC ___ R ___	
Owner's Address <b>100 MISSION RIDGE Goodlettsville</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>NANCY CLAWSON</b>	3. Complaint	1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>N/A</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<b>No Violations at this Inspection</b>	
			<b>* NEED ORIGINAL FOOD LICENSE 2022-036 FOR THIS STORE *</b>	

Received by (name and title printed): <b>Nancy Clawson</b>	Inspected by (name and title printed): <b>Bal... FSD/ONS</b>
Received by (signature): <b>Nancy Clawson</b>	Inspected by (signature): <b>Bal... FSD/ONS</b>
cc:	cc: