

RETAIL FOOD ESTABLASHMENT 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 corr	ection	of each violation is specified in the narrative portion of this	report.				
Establishme	ent Name			Telephone Number	Date of Ins		1D# 5	
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Establishmo	ant Addres	c (num	ther and street city state ZIP code		10/2	4/21		
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Owner			•	Purpose:	Follow-u	p Relea	8124	
			orp LLC	1. Routine	No 1. Col		,01	
Owner's Ac	ldress		RIDGE Goodlettsville TN	2. Follow-up	Summar	mmary of Violations:		
100	Miss	S	KIPGE GOODIETISVITE IM	3. Complaint				
Person in C	harge		aome	4. Pre-Operational	C_	_ NC	R	
20				5. Temporary	Menu Ty	pe (See bac	k of page)	
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Certified F	ood Handi	er	NA		- garancento			
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