

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.						
Establishmer	nt Name		1 1/ 21	Telephone Number	Date of Inspe (mm/dd/yr)	
Establishment Native DONON CIPPLY # 3157 Establishment Address (number and street, city, state, ZIP code) Owner Owner						23 5
Establishmen	Address M	aii	n St. Montpelier IN 47359	* escondor	Follow-up	Release Date
Owner Doh en Moro LLC				Purpose: 1. Routine	No	Release Date
Owner's Address						of Violations:
Person in Cl	harge	(V)	Mage Crooners ville IN 3 1016	Complaint Pre-Operational	C	NC R
KACHINA SEACOTT 5. Temporary						e (See back of page)
Responsible Person's E-mail 6. HACCP						
Certified Food Handler 7. Other (list) 1 2						345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
AVIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative	0 11		To Be Corrected by
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