

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 parrative portion of this report.

I ne time iii	mit for cori	rectio	n of each violation is specified in the narrative portion of th	is report.				
Establishm Dolla Establishm	rfie		nper and street, city, state, ZIP code)	Telephone Number (7453 292530)	Date of Inspection (mm/dd/yr) ID #		^{1D#}	
1304	19	0	Jourt HC 1/1 47348	Libra Errolandi Phelim Jose				
Dohanford LLC				Purpose:	Follow-up	ow-up Release Date 10/15/23		
Owner's A	ddress		01	2. Follow-up	Summary of Violations:			
1100 n	Niss	ion	Kidge Goodletts ville This	3. Complaint				
Person in C	harge	101	TV May Choquan Some IIS		C NC R			
	cn	1	nceman	4. Pre-Operational				
Responsibl	The second liverage and the second	E-mai	1	5. Temporary Menu Ty		pe (See back of page)		
	NU			6. HACCP			0.000 0.00 0.00	
Certified F			a se Are en la	7. Other (list)	1 × 2	3	4 5	
00,000		A	, application, its proper with a print or go	N - Landon - 2 to 3	er aper			
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			INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			SO Much Storage on 1. BACK STORAGE AREA COULD NOT INSPECT TO	MOBIL CARTS II				
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Received by	y (name and	title j	printed):	Inspected by (name and title p	rinted):	FSI	D/BMS	
Received by	(signature):	oreman	Inspected by (signature):	v- 1	-5I	1/845	
cc:			cc:	VV	cc:			