

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

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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.

Owner's Act Owner'	ent Address Neddress Charge Person's l	s (nur	N (A NIA INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		Follow-L	Release Date 6/Z1/Z5 ry of Violations: PYPT Pype (See back of page) 2 3 4 5
VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE	
Section#	C/NC	R	Narrative			To Be Corrected By
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