

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 parrative portion of this report.

| The time in | int for corr | ection | of each violation is specified in the harrative portion of the | 527 | | | |
|------------------------------------|--|--------|---|---|---|----------|----------------|
| Establishmo Doll Establishmo | arT | (R) | aber and street, city, state, ZIP code), 47348 | Telephone Number (105) 330-000 \ () Owner | Date of Inspection (mm/dd/yr) 10/5/23 5 | | 1D# |
| Owner's Act | Volv(| ie - | # 09062 Orkway Chesapeake UA Stitnicky | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release Date 10/15/23 Summary of Violations: C NC R | | |
| Responsible | | r | pla Sla | | Menu Type (See back of page) 1 2 3 4 5 | | |
| | | | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | | ID IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | | | orrected By |
| | Las ileans | in so | No Violations AT Inspection | THIS | 1 | | |
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| Received by Received by | phic | 1 | rinted): Stitnickey cc: | Inspected by (name and title) Inspected by (signature) | printed): | E45/ | 1=5JO 1=5JO |