

## 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.

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PollAR TREE #09062	Telephone Number	Date of Inspection (mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code) 1815 N WAINT St. HARTFORD		10/28/24 5
DOLLAR TREE # 09062	Purpose: 1. Routine	Follow-up Release Date NO 11/7/24
Owner's Address VOLVO PKWY CHESAPEAKE	2. Follow-up 3. Complaint	Summary of Violations:
Person in Charge  Sandy Prayer	4. Pre-Operational 5. Temporary	C NC R
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
Certified Food Handler	7. Other (list)	1 2 3 4 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLU • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrativ		To Be Corrected By
No Violati	OW ATTHIS	
Received by (name and title printed):  The analy religion  Received by (signature):  Denoty religion  Cc:  CC:	Inspected by (name and title Inspected by (signature):	printed): LHS LHS cc: