

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.

The time limit for correction of each violation is specified in the narrative portion of the	is report.	× I
EKM / COCEES MARKET	Telephone Number 728 9447	Date of Inspection (mm/dd/yr) ID #
Establishment Address (number and street, city, state, ZIP code)	() Owner	4/25/23 0
980 So. M St. Montpelier	sed managers sop	ne Miguoles III
AMANKEST BAK	Purpose:	NO Release Date 5/4/23
Owner's Address Autumn way Fishers	Follow-up Complaint	Summary of Violations:
Person in Charge MARK PENKOD	4. Pre-Operational	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
WLA	6. HACCP	10
Certified Food Handler KALR 4/23/21	7. Other (list)	123 × 45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative		To Be Corrected By
	Sa. / FA U) ITU	TODA?
		TODA 7
DEBRIS. IN VEGETable	PREP ROOM	
to and unit a first state of superior is the first state of	erthypercusaries (* 1911)	
345 c Handsink in BACK 50	SILED WITH F	Debras TOBAY
IN VEGETABLE prep Roon	^	- 1
146 NC DOZENS OF ICE BAGS	packaged A	T TODAY
or moves other store	5 NOT LAB	ELED
DOCTORS STATE OF	0 100 1 17.10	
107 6 21 000 00 00 00 000	·20 151 1 Co	100 1000
18/ C 31 DOZ EN 5995 STOR	31 DOZEN 5995 STORED IN A COOLER DISCARDO	
THAT IS NOT WORKIN	g AND can	nov By owner
MAINTEIN DRODUCT 4	1°C	0
EGGS TOMPERATURE 15 460 & Corrected		
	70 0	
7	8	
		9 ,
Received by (namg and title printed):	Inspected by (name and title p	vin(ed):
Received by (signature): Mark Remod cc: cc:	PhO 6	arx -1549
Received by (signature):	Inspected by (signature):	LUI -
M b D	0/110	1,0 -710
Mark remode	1/3/04/	v Ey
cc:		cc:



Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

,
State Form 80047 (2-01) Date: 4/28/23
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on 4/25/23.
Date: \(\frac{128}{33} \) Action Taken by Establishment:
Cleaned Microwave + put a note to Wipe out after Plastis put on shelves Esos discorded and esos from now on put in other Coolers
Ment sline verped & cleaned every the or oftened allele Shocery Stores name + address on each Ban of he
Engy not over sour Meat in cooler 10
x y as a serial of a serial
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Mark fenred Title: worker
Establishment Name: Stels Market
Address: 580 South Main, Montpolier, In 41359
Date Received: $\frac{4/28/53}{}$