

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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Establishm	_			Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
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Establishm (5		ss (numb	her and street, city, state, ZIP code) Nowaton Montpelier	(2257	6/30/23 2		ر ا
Owner NASE	4	KEY	PNOWS	Purpose:	Follow-up Release Date NO 7/10/23		
Owner's Address				2. Follow-up			
4.18 = HUNTINGTON MONTOFIER				1. 3	Summary of Violations: C NC R		
Person in Charge				3. Complaint			
14A5	EV		lnords	4. Pre-Operational 5. Temporary			
Responsible	e Person's	E-mail	NIA	6. HACCP	Menu Type (See back of page)		
Certified Fo	ood Handl	er 	-17-7/	7. Other (list) 1 2 3 × 4 5			4 5
KAI	1544	*	Zeynords 640 1-7-26		II 31 4-30	ibi lili	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative				orrected By
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Received by (name and title printed): Inspected by (name and title printed):							
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Received by (signature): Inspected by (signature):							
	Α			LK Dap Can	B	119	
cc:			cc:		cc:		