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.

Establishment Name: HARTFORD FOOD MART (BP)	**Telephone Number**: (765) 348-04[illegible] ( ) Owner	**Date of Inspection** (mm/dd/yr): 6/7/22	**ID #**: 5
Establishment Address (number and street, city, state, ZIP code): 100 S WALNUT ST. HARTFORD			
Owner: LAKHWINDER Singh	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up**: NO	**Release Date**: 6/17/22
Owner's Address: Same		**Summary of Violations:** C___ NC 2 R___	
Person in Charge: X [illegible]			
Responsible Person's E-mail: N/A		**Menu Type** (See back of page): 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: NOT preparing food per Employee			

- 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	To Be Corrected By
410	NC		4 Light Shields are broken in walk in cooler, need fixed or Replaced	TODAY
297	NC		THE "COKE" DISPENSERS & ICE DISPENSER SOILED WITH WHITE/DARK RESIDUE ALSO ALL COFFEE (BUNN) THE DISPENSING IS SOILED WITH A DARK RESIDUE,	TODAY

Received by (name and title printed): X [illegible]	Inspected by (name and title printed): [illegible] / FSD / EHS
Received by (signature): X [illegible]	Inspected by (signature): [illegible] / FSD / EHS

cc:	cc:	cc: