

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 lin	nit for corr	ection	n of each violation is specified in the narrative portion of thi	s report.				
Establishme	ent Name	d (ity Head Start	Telephone Number (479, 880 7977	Date of Insp (mm/dd/yr)	ection	ID#	
Establishmo	ent Address	(pur	mper and street, city, state, ZIP code)	() Owner	1-29		5	
					Follow-up	Follow-up Release Date Z.8-Z4		
Owner's Ad	SE.	He	aniand Aux. Denver CO.	Summary of Viol Complaint			ns:	
Person in Charge 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 X 5	
1000 Person (0.000)			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
295	C		THE MECHANICAL CAN OPENER / BLADE 15 SoilED WITH-FOOD delovers, STORED AS				DAY	
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Date Received: 1/29/24

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: 1/29/24

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 1-29-24

Date: 1/29/24

Action Taken by Establishment:

The mechanical can opener wash scrubbed and throughly cleaned & sanitized.
and throughly cleaned & sanitized.
The microwave wash scrubbed cheaned
and sanitized.
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Stephanie Wood Title: CACEP Specialist
Establishment Name: Hartford City Head Start
Address: 1620 N Jefferson St. Hartford City IV.