# 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 City Meat & Deli | Telephone Number: (765) 347-8535 | Date of Inspection (mm/dd/yr): 1-17-23 | ID #: 5 |
| Establishment Address (number and street, city, state, ZIP code): 1602 N. Walnut HC IN 47348 | ( ) Owner | | |
| Owner: Nicholas Bonvillian | Purpose: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up: NO | Release Date: 1-27-23 |
| Owner's Address: 16 Lakeview Ct. HC IN 47348 | | Summary of Violations: C___ NC___ R___ | |
| Person in Charge: Nicholas Bonvillian | | | |
| Responsible Person's E-mail: hartfordcitymeats@yahoo.com | | Menu Type (See back of page): 1___ 2___ 3 X 4___ 5___ | |
| Certified Food Handler: Nicholas Bonvillian | | | |

- 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 |
|---|---|---|---|---|
| | | | NO VIOLATIONS AT THIS | |
| | | | INSPECTION | |

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|---|---|
| Received by (name and title printed): Julian Wilson | Inspected by (name and title printed): Dale Carr - FSIO / EHS |
| Received by (signature): Julian Wilson | Inspected by (signature): FSIO / EHS |

| cc: | cc: | cc: |
|---|---|---|
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