



**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 <b>HARTFORD CITY MEAT &amp; Deli</b>	Telephone Number <b>765 730 5169</b>	Date of Inspection (mm/dd/yr) <b>6/22/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1692 N WALNUT ST. HARTFORD CITY</b>		Follow-up <b>NO</b>	Release Date <b>7-2-22</b>
Owner <b>NICHOLAS BONVILLIAN</b>	Purpose: <b>1. Routine</b>	Summary of Violations: C <u>    </u> NC <u>1</u> R <u>    </u>	
Owner's Address <b>16 LAKEVIEW CT. HARTFORD CITY</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>X SILVERNS EDWARD</b>	3. Complaint	1 <u>    </u> 2 <u>    </u> 3 <u>    </u> <b>X</b> 4 <u>    </u> 5 <u>    </u>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>NICHOLAS BONVILLIAN EXP 8/1/26</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
146		NC		NEED LABELING FOR ALL FOOD PRODUCTS THAT ARE BOUGHT IN BULK AND PUT IN SMALLER CONTAINERS ALSO HONEY NEEDS INGREDIENTS ON LABELING	TODAY

Received by (name and title printed): <b>X SILVERNS EDWARD</b>	Inspected by (name and title printed): <b>R Dale Gorr - FSD ENS</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] - FSD ENS</b>
cc:	cc: