



**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 () 8503 | Date of Inspection 10/23/24 | ID # 5 |
| Establishment Address (number and street, city, state, ZIP code) 1602 N WALNUT ST. HARTFORD CITY | | | |
| 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 11/21/24 |
| Owner's Address 16 LAKEVIEW CT. HARTFORD CITY | Summary of Violations: CZ NC RQ | | |
| Person in Charge NICHOLAS BONVILLIAN | Menu Type (See back of page) 1 2 3 X 4 5 | | |
| Responsible Person's E-mail N/A | | | |
| 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"

Received by (name and title printed):

Walt Bawilligan

Inspected by (name and title printed):

Blæhlund

Received by (signature):

Next Ben Will

Inspected by (signature)

W. H. Smith

CC3

CC:

CC: