



**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 <i>Hartford City Meat & Deli</i>	Telephone Number <i>(765) 347-8535</i>	Date of Inspection (mm/dd/yr) <i>11/13/23</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>1602 N. Walnut HC IN 47348</i>	() Owner		
Owner <i>Nicholas Bonvillian</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>11/23/23</i>
Owner's Address <i>16 Lakeview Ct. HC</i>	<input type="radio"/> 2. Follow-up	Summary of Violations: <i>C 2 NC 1 R</i>	
Person in Charge <i>Nicholas Bonvillian</i>	<input type="radio"/> 3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>N/A</i>	<input type="radio"/> 4. Pre-Operational	<i>1 2 3 X 4 5</i>	
Certified Food Handler <i>Nicholas Bonvillian</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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
<i>138</i>	<i>N</i>		<i>Preparing food without a BEARD GUARD</i>	<i>Corrected</i>
<i>295</i>	<i>C</i>		<i>CHEESE SLICER SOILED FROM DAY BEFORE STILL HAS FOOD DeDRI</i>	<i>TODAY?</i>
<i>294</i>	<i>C</i>		<i>NEED SANITIZER MADE UP FOR WIPING CLOTHS, USING BAST, PORK TO CLEAN CLOTHS WERE HANGING ON BUS CARD</i>	<i>TODAY?</i>
			<i>X ADDING AN ADDITION TO BACK ROOM, BCMD NEED SET OF PLANS.</i>	<i>*</i>

Received by (name and title printed): <i>A Tim Bonvillian</i>	Inspected by (name and title printed): <i>John... - CHS</i>
Received by (signature): <i>X NICHOLAS BONVILLIAN</i>	Inspected by (signature): <i>[Signature] CHS</i>
cc:	cc:

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE:

11/14/23

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 Health Department on 11/13/23.

Date: Action Taken by Establishment:

CREATED DRY ERASE CLEANING SCHEDULE
PLACE SEPERATE SANITIZER STATIONS
FOR BEEF & PORK

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: NICK BONVILLIAN Title: OWNER/OPER

Establishment Name: HARTFORD CITY MEAT & DELI

Address: 1602 N WALNUT ST HC 47348