

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

		rectio	n of each violation is specified in the narrative portion of this	s report.		
Establishm	ent Name		- 1 0:	Telephone Number	Date of In (mm/dd/yr	
HART	FORS)	City Pit STOP	769 Establishment	· /)
Establishm	ent Addres	s (nu	mber and street, city, state, ZIP codie)	()45.89	67	122 5
312 N WALNUT St. HARTFORD						
Owner	1	^	ick	Purpose:	Follow-u	Release Date
C#3	564	10	ich	1. Routine		10/11/2
Owner's A		VA	EGRETIN WAY HARTFORD	2. Follow-up	Summar	y of Violations:
A Contraction		10	EARLEN WAY HARIFORD	3. Complaint	_	
Person in C			De V	4. Pre-Operational		NC R
	SEY	٢	uh	5. Temporary	N6 T	
Responsible	e Person's		The state of the s	6. HACCP	Menu 13	ype (See back of page)
	nen banna	N	A supplied which the search of the engineering	7. Other (list)	0.19	. X
Certified F	ood Handle	A	whitesell top 2/26	- Conci (ist)	12	3/~45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
State of the State						
• 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
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