



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 Pit stop		Telephone Number 765 347 8589	Date of Inspection (mm/dd/yr) 6/7/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 312 N WALNUT St. HARTFORD				
Owner CASEY Dick	Purpose: 1. Routine	Follow-up NO	Release Date 6/17/22	
Owner's Address 105 EVERGREEN WAY HARTFORD	2. Follow-up	Summary of Violations: C _ NC _ R _		
Person in Charge X CASEY Dick	3. Complaint	Menu Type (See back of page) 1 _ 2 _ 3 <u>X</u> 4 _ 5 _		
Responsible Person's E-mail N/A	4. Pre-Operational			
Certified Food Handler PAMELA WHITESELL exp 2/26	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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): X Casey Dick	Inspected by (name and title printed): R Dale Carr - FSD - EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc: