

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.

The time limit for correction of each violation is specified in the narrative portion of this report.							
Establishment Name HAPTFORD CITY SUBWAY				Telephone Number	Date of In:		
Establishment Address (number and street, city, state, ZIP code) 1401 N. WALNUT St. HARTFORD CHP				5663		424 3	
Owner JUNUS COPP				Purpose:	Follow-u	11/1/24	
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Person in C	v	TE		4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Menu Type (See back of page)	
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• 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"							
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