

## 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 lin	nit for corr	ection o	of each violation is specified in the narrative portion of the		T =	i I vo "
Establishme  LO &  Owner  Owner's Ac  79  Person in C  EFA  Responsible  Certified F	ent Name  A 4 5  ent Address  Address  Charge  Person's 1  ood Handle	TE-mail	er and street, city, state, ZIP code) 64 St. Montpelier KAREN WILES DON ANDREWS STOR	Telephone Number (260 519 ()5666  Perrpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	c	2/23 5
• CRITICAL	ITEMS AR	E IDEN	TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"		
• VIOLATIO	ON(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Corrected By
			No Violations AT	7415	- rand) 310	
			and the financial form of the financial fore	The task amplement with the task and the task and the task and tas	- until o	
		*	NEW CFN- Erin	Tester exp	3(16)	/28 <del>X</del>
XX	by (name ar		orinted):	Inspected by (rame and tight) Inspected by (signature):	cc:	-545 6-15