



# 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>High Street Bar Montpelier</i>	Telephone Number <i>(202) 229-1435</i>	Date of Inspection (mm/dd/yr) <i>6/28/22</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>108 W High St. Montpelier</i>			
Owner <i>Wm Wiles</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>7/8/22</i>
Owner's Address <i>7925 E 100 N Andrews</i>	2. Follow-up	Summary of Violations: <i>C 1 NC 1 R 0</i>	
Person in Charge <i>Katlyn Cook</i>	3. Complaint	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>LOST COOK NEED BEFORE OPEN</i>	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
			<i>Kitchen closed till further notice from KATLYN COOK MGR</i>	
<i>191</i>	<i>C</i>		<i>NEED TO DATE MARK HAM CUT IN SLICER COOLER</i>	<i>TODAY</i>
<i>234</i>	<i>NC</i>		<i>SINGLE SERVICE ARTICLES IN BACK STORAGE ROOM SETTING DIRECTLY ON GROUND</i>	<i>TODAY</i>
			<i>* Re-opening kitchen will need A opening inspection 60 DAYS PRIOR *</i>	

Received by (name and title printed): <i>* Kaitlyn Cook MGR</i>	Inspected by (name and title printed): <i>Kaitlyn Cook MGR</i>
Received by (signature): <i>* Kaitlyn Cook MGR</i>	Inspected by (signature): <i>Kaitlyn Cook MGR</i>
cc:	cc: