

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			on of each violation is specified in the narrative portion of thi			ountation t	equi chichio.
Establishme		//	NG II	Telephone Number	Date of Inspection ID #		ID#
Establishme 23	ent Addre	ss (nu	mber and street, city, state, ZIP code) JAS4Ingfon	()Owner	6/1	/19/23 5	
Owner	107	A	LIN	Purpose:	Follow-up Release Date 129/23		
Owner's Ad		5	tme	2. Follow-up Summary of Vice 3. Complaint			200
Person in Cl	1020	F-ma	Ln	4. Pre-Operational 5. Temporary	NC 4 R		
Certified Fo	1, 171		Ü/A	6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 × 4 5			(o) page)
Qu	υX	1A	LIN EXP 5/6/27 ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	SARVED 400	nagraf (~	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
430	NC		FLOOR IN KITCHER	2	5	100	days
	ALI PTE I		NOT CLEAN ABLE DUE	REPAIR 17		L-msf.rl	- S - L
245	NC		4 SoilED wiping cloths	5 LAYING OF	\	10	DAY
295	NC			SANITIZER FRINGRATORS	51	706	DAY
298	NC		THE INSIDE OF MICHO		6R13	-	5001
270	100	991 E.	with Gold debris: nó		LED	10	2 PA 7
	1.4		Late the De Ford Hilliam and the test sections are	The state of the s			
				2			
y			And the company of the continue seculi is the		mpeg vi Leogica	ranco Galace	
	uXla	2 6	/ :	Inspected by (name and title pr	rinted): EUS	5/M1	Jak A Sand
Received by	(signature): 		Inspected by (signature):	M	Ma n	alæi
cc:			cc:		cc:		

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317 Fax # 765-348-3041
Operator Inspection Response
State Form 80047 (2-01) DATE: 6/25/2023
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford Health Department on <u>619</u>
Date: Action Taken by Establishment:
6/19 245 willing cloths in savilizar
6/19 295 Hardles of All Rotingrators
6/19 298 Microwave is clean.
6/25 430 The Florr in krechen by sinks
(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Cukala Title: Establishment Name: Hong Kong I Address: 23 Wwashington ST Hartford C7 W 47348
Establishment Name: Hong Kong T
Address: 231 wwashington st Hartford ct la 47348