

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Release Date

9/13/23

Follow-up: YES NO (Circle one) Follow-up Date:

No. of Risk Factor/Intervention Violations

Time In UNKNOW! Time Out UNKNOWN

	No. Vio	of Rep	eat Risk	k Factor/Inte	ervention	9		
Establishment Address		City/S			Zip Code	e	Telephone	765
HONG KONG Z3 W WASHIN	Gio	NHA	HRTFC	ROCH	1 4-	348	331-0	277
License/Permit # Permit Holder		Purpo	se of In	spection	Est. Typ	<u> </u>	Risk Category	,
2025-001 QIUXIA LIN		R	4.0	INE	RER		- Salegory	
A CONTRACTOR OF THE CONTRACTOR						DELLINE:)	
FOODBORNE ILLNESS RISK FACTO Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered	irs a	IND PU	BLIC H	EALTH INT	Control of the second			
IN=in compliance OUT=not in compliance N/O=not observed N/A=not ag		nia		202	Mark "X" in app	propriate bo	ox for COS and/or	
Compliance Status	1	R	Comp	liance State	orrected on-site	dunng inspe	ection R=repea	t violation
Supervision		17	INOUT			returned r	previously served,	COS R
1 IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties	TT		INCO		nditioned & unsa		. oneday ochred,	
2 TN OUT N/A N/O Certified Food Protection Manager	++	38	P. N.	Tim	e/Temperature	Control t	for Safety	
Employee Health	\$6000000	18	INOUT	N/A N/O Prop	er cooking time	& temperat	ures	
3 IN OUT N/A N/O Management, food employee and conditional employee;	T	20	TUDOT	N/A N/O Prop	er reheating pro per cooling time a	cedures for	hot holding	
knowledge, responsibilities and reporting	11	21	NOUT	N/A N/O Prop	er hot holding te	mperature	ature	++
4 INOUT N/A N/O Proper use of restriction and exclusion		22	INOUT	N/A N/O Prop	er cold holding to	emperature	s s	
5 HN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		23	IN OUT	NA NO Prop	er date marking	and dispos	ition	
Good Hygienic Practices		24	IN OUT	NA NO Time	as a Public He	alth Contro	ol; procedures &	
6(INOUT N/A N/O Proper eating, tasting, drinking, or tobacco products use	TT				Consumer	Advisory		
7 INOUT N/A N/O No discharge from eyes, nose, and mouth		25	IN OUT	NANO Cons			r raw/undercooke	d
Preventing Contamination by Hands				food	ighly Suscepti	ble Denul	ations	SELECTION OF THE PROPERTY OF T
8 IN OUT N/A N/O Hands clean & properly washed	TT	26/	IN OUT				ed foods not offer	ed
9 IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved	T		\sim	Food/Co	olor Additives	and Toxic	Substances	ed
alternative procedure properly allowed	\sqcup	27/	TUÓNI	N/AN/O Food	additives: appr	oved & pro	perly used	
10/IN/OUT N/A N/O Adequate handwashing sinks properly supplied and accessible Approved Source	wastes turning	28(INDUT				tified, stored, & us	ed
11 IN OUT N/A N/O Food obtained from approved source	TT	30	DV 0157		mance with A			
		29	IN COL	N/A N/O Com	pliance with vari	ance/speci	alized	
12 IN OUT N/A (VO) Food received at proper temperature 13 (NOUT N/A N/O) Food in good condition, safe, & unadulterated	\vdash							
	\vdash	-	Risk fa	ctors are imp	ortant practices	or procedu	res identified as th	
14 IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction	1		most p	prevalent contr	ibuting factors o	ffoodborne	illness or injury.	~
Protection from Contamination		W.C.		me illness or i	ntions are contro njury.	o measure	s to prevent	- 1
15 IN OUT N/A N/O Food separated and protected 16 (N OUT N/A N/O Food-contact surfaces; cleaned & sanitized	-	-						
GOOD RET.	AHE	PACTI	CEC	SAFFEE STATES OF THE PARTY OF THE	noutrante a service a company	Strau-enciel/States	10 to	-00000000000000000000000000000000000000
100 mm / 100	Asset Charles	Section Section Conc.	Marking Super Princes					
Good Retail Practices are preventative measures to control th Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box	x for C	OS and/	or R	COS=cor	o pnysical object rected on-site di	ts into tood	s. ction R=repeat	violation
	COS R			iance Statu		aring inspec	ouon K-repeat	COS R
Safe Food and Water					Proper Use o	of Utensils	•	
30 Pasteurized eggs used where required 31 Water & ice from approved source	\sqcup	4			properly stored			
31 Water & ice from approved source 32 Variance obtained for specialized processing methods	\vdash	44					red, dried, & handl	led
Food Temperature Control		46		Single-use/sing Gloves used p	gle-service article	s: properly	stored & used	
Proper cooling methods used; adequate equipment for	I I				nsils, Equipm	ent and V	ending	
temperature control		4	7 1		od contact surfac		and the state of t	
34 Plant food properly cooked for hot holding 35 Approved thawing methods used	<u> </u>				ied, constructed			
		48		Warewashing 1 strips	facilities: installe	d, maintain	ed, & used; test	
36 Thermometers provided & accurate		49		Non-food conta	act surfaces clea			
Food Identification 37 Food properly labeled: original container		50	<u> </u>	Uak O a 13	Physical F	Anti-Aller Market Company 1000	100000000000000000000000000000000000000	
Prevention of Food Contamination		51	-		er available; ade Illed; proper back			++
38 Insects, rodents, & animals not present	access (SEE)	52			tewater properly			++-
39 Contamination prevented during food preparation, storage & display		53	3 7		properly constru		lied, & cleaned	
40 Personal cleanliness 41 Wiping cloths: properly used & stored	1	54	_		use properly disp			
41 Wiping cloths: properly used & stored 42 Washing fruits & vegetables	+	55			es installed, mai			+
		1 1 30		nuequate venti	lation & lighting;		,	11
Person In Charge (Signature) / XIWX (M) Date: 913/25								

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NARRATIVE REPORT

Establishment		NARRATIVE REPORT						
Establishment N		Inspection Date						
	KONG II 231 W WASKINGTON HARTFORD G	×9/3/25						
	REMARKS	TO BE CORRECTED BY						
234 C	SOILED TUBS (OUTSIDE) STORING RICE, FLOUR	TODAY						
	SUGAR ECT.							
176 P		,						
110 1	IN WALKIN COOLER THE FOLLOWING FOOD	CORRECTED						
	ITEMS ARE NOT DATEMARKED / COVERED	ON SHE						
	CHICKEN, CABBAGE, CULIFIONER, WOODLES							
2H PF	IN WALK-IN COOKER THE FOLLOWING FOOD	Corrected						
	ITEM ARE NOT DATEMARKED / COVERED	ON SHE						
	CHICKEN, CABBAGE, CULIFLOWER, NOODIES	3,0 7,00						
185 C	· ·							
1000	2 soiled wiping cloths on 2 Different	TODAY						
	Preptables LAYING ON TABLES NOT IN							
	5							
183 C	USING COPS NO HANDLES FOR RICE FLOUR	Copperted						
	SIGAR DIT.	ON SIVE						
		00000						
461 C	HOOD VEUTS ABOVE WOK AREA'S ARE	TODAY						
	BLEK ONTO FRYERS AND WOK							
	Back onto FRYERS AND WOR							
	*							
D								
Received By (Name		Page 2 of 2						
State Form 48621 (R / 4-00								

Blackford County Health Department

Fax # 765-348-3041

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Operator Inspection Response

State Form 8004	47 (2-01)		DATE: 9/5/2025			
Health Departr	s a response to the in ments Food Safety Off n <u>9 (3 2025</u> .	ispection report Executed ficer/EHS <u>R Dale Carr</u> f	by the Blackford County from the Blackford Health			
Date:	Action Taken by Estal	olichmont.				
9/3/25		It's been Corr	ected			
914/25	176 P	It's been corre	ertod			
9/4/25	214 PF	It's been corr	cted			
9/3/25	185 C	It's been co	Wetgef			
9/4/25	183 C	2t's been con	tetel			
9/3/25	461 C	7t3 been con	ctof			
		·				
(Please forward 10 days)	this Form to the Blac	ckford County Health Depa	artment by mail/fax within			
	ndent: <u>Qualia l</u>	Committee of the commit	ner			
Establishment Name: #ONG KONG T Address: 23 W WASHINGTON Hartford CITY						
Address: 23	W WASHIN	6 Ton Hartford	city			
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