

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.

Parta Lillah	4 NI	_		Telephone Number	Date of Inspection ID #	
CHINESE RESTAURANT - HONG KONG II				765 331 ent	(mm/dd/yr)	
Establishment Address (number and street, city, state, ZIP code)				00.	4-7-25 5	
231 w washing fow 5t. + ARTFORD City 3277 4-2-25						
Owner				Purpose:	Follow-up Release Date	
Elu XII AN				(I. Routine	4-17-25	
Owner's Address				2. Follow-up	Summary of Violations:	
2311/2 a wasuington St. HARTGORD Coty				3. Complaint		
Person in Charge				4. Pre-Operational	C NC R	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)	
NA				6. HACCP	riginity derived a	
Certified Food Handler				7. Other (list)	1 2 3 X 4 5	
0/14	Yu.		4N			
• 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	
295	C		THE FOLLOWING FOOD CON	STACT SURF.	ACES TODAY	
			SOILED WITH LEBRIS:			
		X	1) MECHANICLE CAN OPENER	Blone & A	3455	
		/\	2) INTERIOR OF Dough me	KAP.	,	
			E) HOLEY BE 100 ON MA	T CCR		
173	C		En 150 marcalater IA	11	-0	
. ()			50,100 wiping cloth LA			
		-	table that is USED TO			
	(9)		BEEF AND OTHER RAW M			
	4 .5		TIME A MEAT IS CUT,	USE A SEP.	APORTE (
	pletia, ce i	l D/In	wiping auth and Ja	niti36R PA	ul E	
			for EACH meat.		o'al John J	
295	NC		THE following Now-food	d contact 5	urfaces (
			50 il or with Debrus:			
	1 1		1) HANDLES AND DOORS OF	- floor Cool	ER /	
			700000000000000000000000000000000000000			
191	_		IN FRIGHTATOR THE POLON	elino Sonni	TOMS CORREcter	
	<u></u>		NOT DATE MALLED: 2 con	THE OF A	Clarekan.	
Received by	Received by (name and title printed): Inspected by (name and title printed):					
(0,0,0,1)						
Received by (signature): Inspected by (signature):						
+ gal						
cc:						
				V 200 200		



Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: 418/25
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on 4725 .
Date: 417/25 Action Taken by Establishment: 295 C have completed this on 4/7/25
173C 1 have completed this on 4/7/25
295 NC I have completed this one 4/7/25
1916 I have completed this one 4/7/25
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Quillu UN Title:
Address: 23) W Wash ington so Hartford C7 W 47348 Date Received: 418125