



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 IU HEALTH BLACKFORD HOSPITAL		Telephone Number 765 348 6953	Date of Inspection (mm/dd/yr) 2-18-22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 410 PILGRIM BLVD HARTFORD CITY		() Owner		
Owner SAME	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2-28-22	
Owner's Address SAME		Summary of Violations: C ___ NC ___ R ___		
Person in Charge DAWN ELLIS		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 X 5 ___		
Responsible Person's E-mail N/A				
Certified Food Handler DAWN ELLIS exp 5/11/2024				

• 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): X Dawn Ellis	Inspected by (name and title printed): [Signature] - FSIO/EHS
Received by (signature): [Signature] Dawn Ellis	Inspected by (signature): [Signature] - FSIO/EHS
cc:	cc: