

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 parrative portion of this report.

Owner's Ad UIO Person in C Responsible Octified F	ent Addres O Pi ddress Charge e Person's cod Handle	3860	Telephone Number (705) 348-1953 () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr) A IZ Z3 5 Follow-up Release Date
• VIOLATIO	ON(S) REPE	ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	JMMARY OF VIOLATIONS" AN	NO IN THE NARRATIVE BELOW AS "R"
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