

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 JD CONCESSIONS - COMMISSARY	Telephone Number 765 499 5163	Date of Inspection (mm/dd/yr) 4-4-25	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1190 S 463 W HARTFORD CT			
Owner DEBBIE BLACK	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) COMMISSARY	Follow-up NO	Release Date 4-14-25
Owner's Address SAME		Summary of Violations: C___ NC___ R___	
Person in Charge DEBBIE BLACK		Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler N/A			

- 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"

[illegible]

Received by (name and title printed): X Debra Black		Inspected by (name and title printed): B. Ballantyne	
Received by (signature): X Debra Black		Inspected by (signature): B. Ballantyne	
cc:	cc:	cc:	