

## 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.

I ne time iii	nit for cori	rection	n of each violation is specified in the narrative portion of the	s report.	¥		
Establishment Name				Telephone Number (705) 348 4871	Date of Ins		
Establishment Address (number and street, city, state, ZIP code)  1903 D. Wallet H. H.						22-24 5	
DiMichele Enterprises				Purpose: Follow-		P Release Date 3-1-24	
Owner's Ac	ddress V. /	Ne	ridian St. Portland IN	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary			
Person in C	fin ?	371	rowl				
Responsible	100 m/s		N/A	6. HACCP 7. Other (list)	Menu Ty	Menu Type (See back of page)	
Certified Fo	ood Handle HAL	er 24	Strawe	7. Other (list)	12	<u> </u>	
• 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"							
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Received by (signature):  Inspected by (signature):  E95							
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