



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 McDONALDS	Telephone Number () 348 4871	Date of Inspection (mm/dd/yr) 4/17/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1903N WALNUT HC	() Owner		
Owner D MICHELE ENTERPRISES	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/27/23
Owner's Address 618 N MERIDIAN ST. PORTLAND		Summary of Violations: C - NC 2 R -	
Person in Charge HALEY STROUSE		Menu Type (See back of page) 1 2 X 3 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler HALEY STROUSE			

- 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/C	R	Narrative	To Be Corrected By
430	NC	✓	FLOOR THROUGHOUT THE INTIRE facility, INCLUDING UNDER ALL EQUIPMENT AND WAREWASHING SOILED WITH DEBRIS.	TODAY
295	NC	✓	EQUIPMENT IN PREP AREAS SOILED WITH DEBRIS.	TODAY

Received by (name and title printed): Haley Strouse GM	Inspected by (name and title printed): Rob Carr - EHS
Received by (signature): <i>Haley Strouse</i>	Inspected by (signature): <i>Rob Carr EHS</i>
cc:	cc: