



**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 Mc DONALDS	Telephone Number 765 Establishment (348-4871)	Date of Inspection (mm/dd/yr) 8/7/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1903 N WALNUT ST. HARTFORD City	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 8/17/23
Owner D. MICHAEL ENTERPRISES	Owner's Address 618 N MERIDIAN ST- PORTLAND	Summary of Violations: C NC R	
Person In Charge HALEY STROUSE	Responsible Person's E-mail NIA	Menu Type (See back of page) 1 2 N 3 4 5	
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/NC	R	Narrative	To Be Corrected By
295	C		THE TRAYS holding condiment like sugar packs ect. (USED IN TOGO BAGS)	TODAY
430	NC	✓	FLOOR UNDER CIP EQUIPMENT AND FRYERS HAS DEBRIS, AND GREASE	TODAY
* THE COMPLAINT RECEIVED BY BCHD WAS NOT OBSERVED, MANAGEMENT HAS CLEANED THE UNIT, UNIT ALSO USES SEALED BAGS. *				(CLOSED OUT)

Received by (name and title printed): Haley Strouse GM	Inspected by (name and title printed): R. J. Cooper - EHS
Received by (signature): <i>Haley Strouse</i>	Inspected by (signature): <i>R. J. Cooper</i>
cc:	cc: