

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.

The time limit to	r correction	on of each violation is specified in the narrative portion of th	is report.	1966 36		
Establishment Na		~ *	Telephone Number	Date of Insi	Date of Inspection ID #	
WG Do	NAU	>5	766 Establishment			
Establishment A	ddress (nu	imber and street, city, state, ZIP code)	348.4871	8/7	8/7/23 5	
1903 K	WA	LNUT ST. HARTFORD City	section of the section of the sections	la base had		
D. MICHELE ENTERPRISES			Purpose: 1. Routine	Follow-up	Release	Date 23
Owner's Address		RIDIAN ST- PORTLAND	2. Follow-up 3. Complaint	Summary of Violations:		
Person in Charge	o	FROUSE	4. Pre-Operational	C NC R		
Responsible Pers			6. HACCP		u Type (See back of page) 2	
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Certified Food H		512005E				
		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"		-	
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Section# C/N	VC R	Narrative	1	To Be Corrected I		
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	511681	the application of the sections is also become an accordance to	STREET, AUTOMOBILIANT DESCRIPTION			
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			and Author Car Indiana		100	
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		USES SEALED BAGS. *				
Received by (nam		printed):	Inspected by (name and title	printed):		
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Received by (sign			Inspected by (signature)	V. 14	, 10	
Haly	5		H/alle	~ Eye	5	
cc:		сс:		cc:		