

## 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.

MEMBERS  JUNIOR'S Address  SUMMS  Responsible Person's E-mail  Responsible	The time lin	mit for correction	n of each violation is specifie	ed in the narrative portion of th	iis report.			
DWNET MEMBERS  DWNET'S Address  DWNESS  DWN	Mon	utpell &			760 20 20		n ID#	
MEMBERS  JAMES SAMUS  Responsible Person's E-mail  NA  Responsible Person's E-mail  NA  Responsible Person's E-mail  NA  Certified Food Handler  NA  Certified Food Handle	Establishm 112	ent Address (nu W Gk	mber and street, city, state, Z1	P code)	Laborra/Okuazii gashnioci	1-18-	7	
Responsible Person's E-mail  Responsible Person's Resp	Owner	Mem	BERS		7. 300	Follow-up	Release Date	
Responsible Person's E-mail Responsible Person's Responsib	Owner's Address					Summary of Violations:		
RESPONSIBLE PERSON'S E-mail  NA  6. HACCP  7. Other (list)  CERTIFIED 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# CINC R  NATITATIVE  CET IN TO BE COTTECTED BY  TO CROSSIN PRES (DASPED LIST  TO RECOVER CONTROL HEAD (DASPED LIST  LEGION WILL SURFACES EQUIPMENT MEDICAL SURFACES)  DALL SURFACES EQUIPMENT MEDICAL SURFACES  13 UNITED THE STANDARD HEAD (DASPED LIST  BACK TO WAS A LOT OF THE STANDARD	Person in C	11/- 0-	- BENROL	D	4. Pre-Operational	C N	IC R	222
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Section# C/NC R  CETTING IN BAR AREA (6) ASPED DIES  TO FROZEN PRE (120)  BLACKFORD COUNTY HEATH INSPECTION  LEGION WITH NEED OFFINITY WAPENDON  BE FORE COKING, DRINKS FOT,  FO 115WING NEED (REPLACED)  WITH SMEATH THESE REPLACED  WITH SMEATH THESE INSPECTION  BLACK & WHITE SUBSTANCES ON  CENTING AND WALLS  4) MEETING ROOM KINDER, NEED OF REPLACED  WHAS IS SO FOOD CONTACT IS COVERED  OFFINIAL ROOM OF END POR STATE ORE TO BHICKFORD  RECEIVED by (name and title printed): TO INSPECT. BEFORES  Inspect by (name and title printed): TO INSPECT. BEFORES  INSPECT. BY THE B			ENTIFIED IN THE CHECKLIS					
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