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: Montpelier Speedway	Telephone Number: 7653489465	Date of Inspection (mm/dd/yr): 4/25/23	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 700 S Jefferson St. Montpelier	( ) Owner		
Owner: CHAD KING	Purpose: 1. Routine	Follow-up: No	Release Date: 5/4/23
Owner's Address: 1529 E ST RD 18 MONTPELIER	2. Follow-up	Summary of Violations:	
Person in Charge: CHAD KING	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: N/A	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: ALLISON AFFOLDER 12/28/21	6. HACCP	1___ 2___ 3X 4___ 5___	
	7. Other (list)		

- 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): Chad King	Inspected by (name and title printed): Dale Carr EHS
Received by (signature): [signature]	Inspected by (signature): [signature] EHS

cc:	cc:	cc: