

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.

The time lir	nit for cori	rectio	on of each violation is specified in the narrative portion of thi	s report.				
Establishm	ent Name	- -r#	esh Market #925	Telephone Number (745) 348-3399	Date of Inspection (mm/dd/yr)		ID#	
Establishment Address (number and street, city, state, ZIP code)						-23 5		
Owner GG+	t 12	nd:	ana 116	Purpose:	Follow-up Release Date 1-27-23			
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• 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#			Narrative				orrected By	
Section#	C/NC	R	Narrative			To be Co	or rected by	
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Blackford County Health Department
506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

operator inspection response
State Form 80047 (2-01) Date: 1/19/2023
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on l - l - 23.
Department on $1-17-23$.
Date: 1/9/2023 Action Taken by Establishment:
SECTION A 187 TAKEN CARE OF 1/17/23,
SECTION # 129 TAKEN CAREOF 1/17/93
SELTION IF 243 TAKEN CARE OF 1/17/23
SECTION I 411 TAKEN CARE OF 1/19/23
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(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)
MANU LANGE CTOLE DUZENTO
Name of respondent: MAKIC HENTSEC Title: 370KI_ 17KIETOTE
Establishment Name: NEFREAS FRESH MARKET
Name of respondent: MAKK HENDSEL Title: STOKE DIRECTOR Establishment Name: NEFFICES FRESH MARKET Address: 1711 N. INALNUT ST. HARTFORD CITY, FN. 47348
Date Received: 1/17/23