

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. Date of Inspection Establishment Name Telephone Number (mm/dd/yr) Establishment Address (number and street, Purpose: Release Date Owner (. Routine Owner's Address Summary of Violations: 2. Follow-up mole 3. Complaint 4. Pre-Operational 5. Temporary Menu Type (See back of page) Responsible Person's E-mail 6. HACCP 7. Other (list) Certified Food Handler • 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" C/NC Narrative To Be Corrected By Section# 443 Hes Received by (signature): cc: cc: cc: