



**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 NORTHSIDE FOOD SERVICE	Telephone Number (765) 348-7595 <small>() Owner</small>	Date of Inspection <small>(mm/dd/yr)</small> 3-29-22	ID # 5
Establishment Address <small>(number and street, city, state, ZIP code)</small> 400 E McDONALD ST. HARTFORD	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other <i>(list)</i>	Follow-up NO	Release Date 4-8-22
Owner Blackford County Schools City		Summary of Violations: C ___ NC ___ R ___	
Owner's Address 6668 W ZOOS HARTFORD City		Menu Type <i>(See back of page)</i> 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Person in Charge TERESA TEER			
Responsible Person's E-mail N/A			
Certified Food Handler SHELLY Kemp 3-20-18			

- 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 <small>(name and title printed)</small> : * Teresa Teer	Inspected by <small>(name and title printed)</small> : R. Gale Carr - FSIO/ELS
Received by <small>(signature)</small> : <i>* Teresa Teer</i>	Inspected by <small>(signature)</small> : <i>R. Gale Carr FSIO/ELS</i>
cc:	cc: