



**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 <b>NORTHSIDE ELEMENTARY</b>	Telephone Number <b>765 348 7595</b>	Date of Inspection (mm/dd/yr) <b>8/15/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>400 E McDONALD ST. HARTFORD CITY</b>	( ) Owner		
Owner <b>BLACK FORD COUNTY SCHOOLS</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NU</b>	Release Date <b>8/25/22</b>
Owner's Address <b>0668 W 200S HARTFORD CITY</b>	2. Follow-up	Summary of Violations:  <b>C _ NC _ R _</b>	
Person in Charge <b>Teresa Teer</b>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	<b>1 _ 2 _ 3 _ 4 X 5 _</b>	
Certified Food Handler <b>SHERRY KEMP 3-20-2023</b>	5. Temporary		
	6. HACCP		
	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
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	
			<b>* IN NEED OF A TEMPERATURE plate FOR WARE WASHING MACHINE OR HIGH HEAT STRIPS *</b>	

Received by (name and title printed): <b>Teresa Teer</b>	Inspected by (name and title printed): <b>Blaine - FSD/ELS</b>
Received by (signature): <i>Teresa Teer</i>	Inspected by (signature): <i>Blaine FSD/ELS</i>
cc:	cc: