

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 li	mit for cor	rectio	n of each violation is specified in the narrative portion of this	report.			
Establishm	ent Name	***************************************		Telephone Number	Date of Inspection ID #		
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Owner's A	ddress		1	2. Follow-up	Summary of Violations:		
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