



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 Nutrition Cafe	Telephone Number 260 228-0158	Date of Inspection (mm/dd/yr) 8/19/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 114 E. Huntington Montpelier IN 47359	() Owner	Follow-up Nb	Release Date 8/19/23
Owner Michaela Sandoe	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 9471 E. 100 S. HC IN 47348		Menu Type (See back of page) 1 <u>^</u> 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge Michaela Sandoe			
Responsible Person's E-mail msandoe16@gmail.com			
Certified Food Handler N/A PER MENU			

- 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
			OK TO OPEN 8/12/23	

Received by (name and title printed): x Michaela Sandoe	Inspected by (name and title printed): Bale Carr - EMS
Received by (signature): <i>Michaela Sandoe</i>	Inspected by (signature): <i>Bale Carr - EMS</i>
cc: x	cc: