

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 parrative portion of this report.

The time li	mit for cor	rection	of each violation is specified in the narrative portion of thi	s report.			
Establishment Name				Telephone Number	Date of Ir	ispection	ID#
Nutrition late				240328-0158	(manually)	2/22	,
Establishm	ent Addres		mber and street, city, state, ZIP code)	()Owner	8/6	1/20	
Owner	E.HI	Mt	ington Montpelier IN 47359	Purpose:	Follow-	ın Relea	se Date,
Mil	chaple	4	Sendae	1. Routine	No		19/23
Owner's Address				2. Follow-up	-	ry of Violatio	
947	IIE.	00	S. HC IN 47348	3. Complaint			
Person in C	Charge	, (20-100	4. Pre-Operational		NC	R
Responsible	Lillela Barrass'a	E mai	Danjor	5. Temporary	Manu T	ype (See bac	k of page)
MSar	doe 1	106		6. HACCP	IVICIU X	y pe (Dee oue	n of page
Certified F	ood Handle	W	SIII MIT COTT	7. Other (list)	1/2	23	45
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• 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 Co	orrected By
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