

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 PS HARTFORD City Inc	Telephone Number 860 393 2006	Date of Inspection (mm/dd/yr) 10/23/24	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1621 N WALNUT ST. HARTFORD CT IN			
Owner RAZ WINDER Singh	Purpose: 1. Routine	Follow-up YES	Release Date 11/2/24
Owner's Address 4023 WILDOVER DR MARION, IN	2. Follow-up	Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge Enu Nikhil	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler Enu Nikhil	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
295	C		THE DISPENSERS OF THE COFFEE TANGO MACHINES ARE HEAVILY SOILED WITH DARK RESIDUE	TODAY
186	C		IN WARMER UNIT CHICKEN ECT TEMPED 90°F TO 100°F NOT AT 135°F AS REQUIRED TODAY, ONLY USE TIME AS A CONTROL MEASURE, COOK STATED SHE PUT IT OUT AT 10AM, ALL ITEMS IN THIS UNIT NEED DISCARDED BY 2PM IF NOT SOLD BCWA WILL DO A FOLLOW-UP ON THIS UNIT AT A LATER DATE TO CHECK TEMPERATURE BEING CONTROLLED AT 135°F HOT HOLDING	

Received by (name and title printed): 		Inspected by (name and title printed): 	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: Oct 29, 2024

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 10/23/24.

Date: Action Taken by Establishment:

For Section 295C that was because of the Coffee Slush machine we have started to make sure that they are being cleaned on daily basis that will prevent any residue to build up overtime.

For Section 186C to keep the food good and safe to eat, we have started to maintain a product waste list that help us to keep track of when the food was put on the shelf means was cooked so after a period of 4 hours for every product that has not been sold will be thrown away that will ensure the food is safe to eat.

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: FNU Nikhil Title: Certified food handler

Establishment Name: PS Hartford City Inc.

Address: 1621 N Walnut St. Hartford City IN