



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.

Form header section containing: Establishment Name (PAK-A-S&K #5), Telephone Number (765 728 2917), Date of Inspection (5/8/23), ID # (5), Owner (JAY PATROLSON), Owner's Address (PO BOX 1285 portland IN), Person in Charge (SHANNON SHAWES), Responsible Person's E-mail (N/A), and Certified Food Handler (SHANNON SHAWES). Includes a list of purposes and a summary of violations (C, Z, NC, L, R).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, and To Be Corrected By. Contains three rows of violations: 295 NC (non-food contact equipment), 295 C (contaminated knives), and 129 C (handwashing).

Received by (name and title printed): Shannon Hawes
Received by (signature): Shannon Hawes
Inspected by (name and title printed): Jake Carr, BUS
Inspected by (signature): Jake Carr, BUS

cc: (empty)