

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.

Establishm 204 Owner Owner's Ac	ent Name A - G ent Address F ## Address O Bu	SAK # 5 (number and street, city, state, ZIP code) (Notworkson St. Montpelier Relevan Inc 101285 Portland IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection (mm/dd/yr) 6/13/25 5 Follow-up Release Date 6/23/25 Summary of Violations: C_ NC_ R_
Responsible Person's E-mail NA Certified Food Handler TORI HEODEN EXP 9/2Z/27 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI				
Section#	C/NC	R Narrative		To Be Corrected By
		No Violations Inspection	ATTUS	
XIOX	y (name and	THIS INSPECTION DONG RULE 410 - 7-26 title printed): Oden ASS. Manager : Iddla	This pected by (name and title p	2