

## 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.

The time li	mit for cor	rection	of each violation is specified in the narrative portion of thi	is report.				
Establishm A	ent Name	- 5	4K #5	769 728 (mm/dd		Finspection ID # (29/24) 5		
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Owner A		TRE	steum Ive	Purpose:  1. Routine	Follow-to	Release	se Date 8(24	
	3701	28	5 PORLAND IN	Follow-up     Complaint	Summar	nary of Violations:		
Person in C	Charge ANN	ON	HAWES :	4. Pre-Operational 5. Temporary 6. HACCP	C NC R Menu Type (See back of page)			
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cc:			co:	<b>y</b> **	cc:			