

## 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 lir			n of each violation is specified in the narrative portion of this	s report.				
Establishment Name					ate of Insp un/dd/yr)			
PAK-A-SAK #4				((6) 070	6 .0	2/24 5		
Establishmo ZO	ent Addres	s (nu	mber and street, city, state, ZIR code) +CNUT St. HARTFORD Cofy	( ) t7A7 /	012	5,		
Owner Petroleum INC				Purpose: F	ollow-up Ne	Release Date		
Owner's Address POBOX1285 PORTLAND, IN				2. Follow-up Si	•	of Violations:		
Person in Charge Parter (rente				4. Pre-Operational	c_ (	$\frac{1}{2} \frac{1}{2} \frac{1}$		
Responsible Person's E-mail					lenu Typ	ne (See back of page)		
		1	UA	6. HACCP		X		
Certified Fo	_	er		7. Other (list)	2_	<u>/\^345</u>		
71	FFA	N	WACKER					
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AND I	N THE N	ARRATIVE BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Corrected By		
295	· C		THE 4 BUNN College pots	the DISDENS	SER	TODAY		
			AND AREA COFFEE LIIS	. 1 - 6	Soile	9)		
			WITH JARK RESIDUE, AZ	7 0 11				
		١.		A DATE OF THE PARTY OF THE PART	1			
			pots, to include the Sou	la Mongles o	+			
			Seda Dispenser (pepsi)					
				1	-			
310	NC		THE ADOD SYSTEM IN	PAPA Johns AG	200			
			15 50,100 Wiru debpis	(UEUTS)				
			o o con o co	Cyclord				
/121	NC		=loop 141 1114 5 11 COO/-	=0 LIAC / [07		ore and		
431	NC		i-look IN WALKIN COOLS	R MAD A WI	arrages.			
			of Debris on floor		22.11			
						11		
	a		and a light of the graph of the common angular to	ng tiker				
				$\sim$		E		
Received by	(name and	l title	printed):	Inspected by (name and title print	ed):			
2 Emma Partier Gehle & Jolally FUS								
Received by	Received by (signature):  Inspected by (signature);							
JK FOLD LIVEYS								
cc:			cc:	1 Such	c:			

## 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: 10/22/24	
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 10/22/24.	1
Date: Action Taken by Establishment:  295 - po+8 + Spoots were cleaned on conference.	_
pots and pepsi mathine  431- trash was picked up and Floor was  Suept  310- oven Hoods were taken apart and	_ _ _
310 - oven Hoods were taken apart and	_
	_
	_ _ _
	_
(Please forward this Form to the Blackford County Health Department by mail/fax with 10 days)	in
Name of respondent: Hannah Little Title: Assistant Manager	
Establishment Name: Pak-a-sak/Papa John's	_
Address: 120 N Walnut St. Hartford City Isliana 47348	_