



**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 PICKLE LOUNGE / NORTHSIDE LANE		Telephone Number 765 347 8016	Date of Inspection (mm/dd/yr) 2-28-22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1776 INDEPENDENCE PKWY - HARTFORD		() Owner		
Owner DEE DOBSON		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up YES	Release Date 3-9-22
Owner's Address 8323W 800 S WARREN			Summary of Violations: C 2 NC 4 R 3	
Person in Charge DEE DOBSON			Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail N/A				
Certified Food Handler CHRISTINA Mossburg 3/5/19				

• 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 FOLLOWING "FOOD CONTACT" SURFACES ARE SOILED WITH FOOD DEBRIS ✓ 1) CAN OPENER - BLADE - BASE ✓ 2) MEAT SLICER 3) 2 MEASURING SCALES ✓ 4) 3-SOILED CONTAINERS WITH CLEAN WENSILS IN	TODAY
345	C		THE HANDSINK IN KITCHEN & AT BAR ARE SOILED WITH FOOD DEBRIS AND HAVE EQUIPMENT IN HANDSINK AT THE BAR.	
295	NC		THE FOLLOWING "NON-FOOD" CONTACT SURFACES ARE SOILED WITH FOOD DEBRIS 1) ALL 4 BUS CARTS 2) FLOOR COOLER HOLDING PIZZA CONDONENTS ✓ 3) PETCO DEEP FRYERS INSIDE / OUTSIDE 4) BOTH PREP TABLES IN KITCHEN ✓ 5) INSIDE ALL REFRIGERATION UNITS TO INCLUDE FREEZER UNITS	

Received by (name and title printed): Dee Dobson	Inspected by (name and title printed): R Dale Carr - FSD / EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT

Establishment Name PICKLE LOUNGE /	Address NORTHSHORE LANE 1776 INDEPENDENCE PKWY	Inspection Date 2-28-22
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		(CONT) 6) TOP OF 4 BURNER OPEN FLAME STOVE. 7) INSIDE BEVERAGE COOLER 8) EXTERIOR OF 4 MICROWAVES	TOOAY
✓ 431	NC		THE WALL BEHIND THE 3-BAY SINK & DISHWASHER IS SOILED WITH DARK RESIDUE, THIS ALSO INCLUDES FLOOR UNDER/AROUND ALL EQUIPMENT IN KITCHEN	
252	NC	PRE-WRAPPED UTENSILS ARE EXPOSING THE FOOD CONTACT SURFACE OF KNIVES SPOONS & FORKS. ONLY HANDLES TO BE EXPOSED		
			* WILL REINSPECT IN 30 DAYS FROM THIS INSPECTION give or take *	
			* CARPET HAS BEEN CLEANED IN FOYER COMPLAINT NOT SEEN. *	

Received By (Name & Title) <i>[Signature]</i> Owner	Inspected By (Name & Title) <i>[Signature]</i> 1-570/615	Page <u>2</u> of <u>2</u>
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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: _____

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 2-28-22.

Date: Action Taken by Establishment:

2-28-22 - 295- All Done Criticals

2-28-22 - 295 Cleaned

295- NC - 3-4-22 - Cleaned

Everything Cleaned

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

Name of respondent: Dee Debron Title: owner

Establishment Name: Pickle Lounge

Address: _____