



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R/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: 6/12/23
ID #: 5
Establishment Address: 1776 INDEPENDENCE PKWY HC
Owner: DEE DOBSON
Owner's Address: 8323 W 800S WARREN
Person in Charge: Toni Wyatt
Responsible Person's E-mail: N/A
Certified Food Handler: CHRIS MASSBURG
Purpose: 1. Routine
Follow-up: 6/23/23
Summary of Violations: C 1 NC 3 R 1
Menu Type: 1 2 3 X 4 5

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/N/C, R, Narrative, To Be Corrected By. Contains 5 rows of violation details including food contact surfaces, non-food contact surfaces, and carpet cleaning.

Received by (name and title printed): Toni Wyatt
Inspected by (name and title printed): Dale Carr - EHS
Received by (signature): Toni Wyatt
Inspected by (signature): Dale Carr EHS

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 6/12/23.

Date: Action Taken by Establishment:

6-12 Can opener cleaned

6-15 - Everything wiped down

6-12 - Staff off floor in freezer

6-26 - Carpets cleaned

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

Name of respondent: Dee Dobra Title: owner

Establishment Name: Pickle Lounge

Address: _____