



**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<br><b>PICKLE LOUNGE / NORTHSIDE LAWN</b>                                       |   | Telephone Number<br><b>765 3478016</b>   | Date of Inspection<br>(mm/dd/yr)<br><b>12/12/22</b> | ID #<br><b>5</b> |
| Establishment Address (number and street, city, state, ZIP code)<br><b>1776 INDEPENDENCE PKWY</b> |   | ( ) Owner  |   |                  |
| Owner<br><b>DAE DOBSON</b>  | Purpose:<br><input checked="" type="checkbox"/> 1. Routine<br><input type="checkbox"/> 2. Follow-up<br><input type="checkbox"/> 3. Complaint<br><input type="checkbox"/> 4. Pre-Operational<br><input type="checkbox"/> 5. Temporary<br><input type="checkbox"/> 6. HACCP<br><input type="checkbox"/> 7. Other (list) | Follow-up<br><b>YES</b>  | Release Date<br><b>12/22/22</b>                     |                  |
| Owner's Address<br><b>8323 W 800S WARREN</b>  |   | Summary of Violations:<br><b>C 3 NC 4 R 4</b>  |   |                  |
| Person in Charge<br><b>* Crystal Betz</b>   |   | Menu Type (See back of page)<br><b>1 2 3 <input checked="" type="checkbox"/> 4 5</b> |   |                  |
| Responsible Person's E-mail<br><b>N/A</b>   |   |  |   |                  |
| Certified Food Handler<br><b>CHRISTINE Mossburg exp 3-5-24</b>                                    |   |  |   |                  |

• 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" SOILED WITH FOOD & DEBRIS.  | TODAY              |
|          |      | X | 1- WHITE CONTAINER ABOVE WAREWASHING MACHINE SOILED WITH INSECTS ETC. IN CONTACT WITH CLEAN UTENSILS  | }                  |
|          |      | X | 2) LIDS ON SHAKERS, ALSO INSIDE OF SHAKERS  |                    |
| 295      | NC   |   | THE FOLLOWING "NON-FOOD CONTACT SURFACES" SOILED WITH DEBRIS.   |                    |
|          |      | X | 1) INSIDE & OUTSIDE OF BOTH DEEP FRYERS   | }                  |
|          |      | X | 2) OUTSIDE AND INSIDE OF ALL REFRIGERATORS / FREEZERS   |                    |
| 310      | NC   |   | THE HOOD SYSTEM IS SOILED WITH GREASE LINT AND OTHER DEBRIS.  |                    |
| 307      | NC   |   | HOOD SYSTEM MISSING VENT ABOVE OPEN GRILL STOVE   |                    |
| 431      | NC   | X | THE FLOOR/WALLS BEHIND DISWASHER & 3-BAY DEEP FRYERS, TO INCLUDE THE DINING AREAS) CARPET HEAVILY SOILED. INCLUDE WALKING FLOORS COOLER / FREEZER |                    |
| 173      | C    |   | IN MAXX COOLER READY TO EAT FOOD STORED UNDER RAW FOOD.   | (                  |
| 129      | C    |   | EMPLOYEE RETURNING TO KITCHEN DID NOT WASH HANDS BEFORE PREP  | CORRECT ASAP       |

|  |  |
|--|--|
| Received by (name and title printed):<br><b>* Crystal Betz</b> | Inspected by (name and title printed):<br><b>Kyle Carr - FSD/EMS</b> |
| Received by (signature):<br><b>* Crystal Betz</b>              | Inspected by (signature):<br><b>[Signature] FSD/EMS</b>              |
| cc:  | cc:  |

\* REPEATS NEED IMMEDIATE FIX TO PREVENT FURTHER ACTION BY BOND.



**Blackford County Health Department**

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Hartford City IN 47348

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<https://www.in.gov/localhealth/blackfordcounty>

**Operator Inspection Response**

State Form 80047 (2-01)

Date: 12-19-22

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 County Health Department on 12/12/22.

Date: 12-12-22 - 12-16-22 Action Taken by Establishment:

Fryers Cleaned 12-12 + 12-16

Hood System due in January  
Carpet 5 due Jan

Floors + walls 12-13 + 12-14 + 12-15

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

Name of respondent: Dee Robson Title: Owner

Establishment Name: Picella Lounge

Address: 1776 Ind Park Plc IN 47348

Date Received: \_\_\_\_\_