



# 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 <b>Pickle Lounge / Northside Lanes</b>	Telephone Number <b>(765) 347-8616</b>	Date of Inspection (mm/dd/yr) <b>10/5/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1776 Independence Parkway HC IN</b>	( ) Owner	Follow-up <b>YES</b>	Release Date <b>10/15/23</b>
Owner <b>Dee Dobson</b>	Purpose: 1. <u>Routine</u>	Summary of Violations: <b>C 4 NC 1 R 4</b>	
Owner's Address <b>8323 W. 800 S. Warren IN</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3X 4 5</b>	
Person in Charge <b>DEE DOBSON</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>Chris Mossburg EXP 3-2024</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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	X	THE FOLLOWING FOOD CONTACT SURFACES SOILED WITH DEBRIS 1) MANUAL CAN OPENER, BLADE, BASE 2) BUS CARTS WITH CLEAN DISHES STORED ON SOILED SURFACES, TO INCLUDE HOLDING MICROWAVES, 3) 2 CLEAR CONTAINERS SOILED WITH DEBRIS HOLDING UTENSILS THAT ARE CLEAN	TODAY
298	NC		4 MICROWAVES INTERIOR HAS DRIED FOOD DEBRIS.	TODAY
295	NC	X	THE FOLLOWING NON-FOOD CONTACT SURFACES SOILED WITH DEBRIS 1) BEVERAGE AIR REFRIGERATOR 2) ARGUS REFRIGERATOR	TODAY
431	NC	X	FLOOR UNDER DEEP FRYER, OPEN GRILL & CABINET IN DINING AREA SOILED AND NEEDS CLEANED AGAIN	TODAY
307	NC		HOOD VENTS ARE GAPPED AND NOT TIGHT TOGETHER	TODAY
Received by (name and title printed):			Inspected by (name and title printed):	
X <b>Phyllis Miller</b>			<b>ROALEY - EUS / FSIO</b>	
Received by (signature):			Inspected by (signature):	
X <b>Phyllis Miller</b>			<b>Phyllis Miller - EUS / FSIO</b>	
cc:		cc:		cc:



**Blackford County Health Department**

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

**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 County Health Department on 10/5/23.

Date: \_\_\_\_\_ Action Taken by Establishment:

Can opener was dirty because I used it that morning  
to make chili soup - cleaned that day  
Cups - cleaned 10-5  
Micro cleaned 10-5  
Have scheduled Hood + Carpet cleaning

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

Name of respondent: Dale Carr Title: owner

Establishment Name: Pelle Lounge

Address: \_\_\_\_\_

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