

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.

The time lir	nit for cor	rection	n of each violation is specified in the narrative portion of this	s report.			
Establishm	ent Name	1	1 1 1	Telephone Number	Date of In		
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Establishment Address (number and street, city, state, ZIP code)						24/24 5	
200	0 1	W	PALINUT St. + HARTFORD CH		nui bătini		
OWNER DEANNY FREELAND				Purpose: 1. Routine	Follow-u		
Owner's Address				2. Follow-up	Summary of Violations:		
202	- w	Be	FRRY St. Ste 400 HW-IN	3. Complaint			
Person in C	harge j	ALAKA	MARTIN	4. Pre-Operational		NC R	
Responsible	25+11			- 5. Temporary	Menu Ty	pe (See back of page)	
Responsible	e rerson s	A)	Audien who removement many to a short of the	6. HACCP		pe (bee out of page)	
Certified Fo	ood Handle	er	0.0	7. Other (list)	1 2	X 3 4 5	
Austin NARTIN							
• 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"							
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