



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 PIZZA HUT of Hartford City		Telephone Number 765 348 2000	Date of Inspection (mm/dd/yr) 9/20/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 2000 N WALNUT ST. HARTFORD City		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 9/30/23
Owner DEANNA FREELAND			Summary of Violations: C NC R	
Owner's Address 202 W BERRY ST. STE 400 FT. WAYNE		Menu Type (See back of page) 1 2 X 3 4 5		
Person in Charge AUSTIN MARTIN		Responsible Person's E-mail N/A		
Certified Food Handler AUSTIN MARTIN exp				

- 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): Austin Martin	Inspected by (name and title printed): Roberta - 643
Received by (signature): <i>Austin Martin</i>	Inspected by (signature): <i>Roberta</i>
cc:	cc: