



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 7-26, 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) 6/17/25	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 6/27/25
Owner TYLER FREELAND		Summary of Violations: C 2 NE 0 R 0 CORE P/PF	
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 X Ty Daily			
Responsible Person's E-mail N/A			
Certified Food Handler CERTIFIED MANAGER TAKING COURSE 90 DAYS			

• 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/N/C	R	Narrative	To Be Corrected By
151	C		3 employees preparing food without a beard guard	Corrected ON-SITE
306	C		RACK (5) IN WAREWASHING AREA storing clean PANS, BOWLS ECT IS SOILED WITH debris falling on PANS, BOWLS ECT on RACK BELOW, ALSO THE COOLER (FLOOR) HOLDING PIZZA INGREDIENTS IS SOILED AND TACKY TO TOUCH	TODAY
* This inspection DONE PER NEW FOOD CODE RULE 410 IAC 7-26				

Received by (name and title printed):

X Ty Daily

Inspected by (name and title printed):

Black K 45

Received by (signature):

X Ty Daily

Inspected by (signature):

Black K 45

cc:

cc:

cc: