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 3482000	Date of Inspection (mm/dd/yr): 4/12/23	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 2000 N Walnut Hartford City	( ) Owner		
Owner: Deanna Freeland	Purpose: 1. Routine	Follow-up: NO	Release Date: 4/22/23
Owner's Address: 202 W Berry St. Ste 400	2. Follow-up	Summary of Violations:	
Person in Charge: Austin Martin	3. Complaint	C 1 NC Ø R Ø	
Responsible Person's E-mail: N/A	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: Austin Martin Exp 2/12/24	6. HACCP		
	7. Other (list)	1 2 X 3 4 5	

• 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
136	C		personal drink setting on a prep table	Corrected

Received by (name and title printed): X Austin Martin

Received by (signature): X [signature]

Inspected by (name and title printed): [signature] - EHS

Inspected by (signature): [signature] EHS

cc: | cc: | cc: