

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 HARTEORD CITY P122a HUT				Telephone Number	Date of Inspection ID # (mm/dd/yr)	
Establishment Address (number and street, city, state ZIP code)				7000	6/13/22 5	
200	0 1		WALNUT HARTFORD	and Personne & Offernaces a	a median off	
Owner	<u> </u>		_ /	Purpose:	Follow-up Release Date	
DEANNA FREETAND				1. Routine	No 6/23/22	
Owner's Address				2. Follow-up	Summary of Violations:	
202	100 13	EK	ery St. Ste 400 FT. WAYNE	3. Complaint		
Person in C	harge			4. Pre-Operational	C NC R	
Husti	7 111	ar.	1	- 5. Temporary		
Responsible	e Person's	E-ma	il	6. HACCP	Menu Type (See back of page)	
	ber 1		PIA	7. Other (list)	X	
Certified			Man 200 5/2/24	7. Other (1151)	12_345	
ALEX WILSON EXP 5/7/24						
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	
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1 AX: ITTE IN COUNTY ISTO GHS						
cc:						
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