



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.

Form with fields for Establishment Name (HARTFORD City Pizza Hut), Telephone Number (765 348 2000), Date of Inspection (6/13/22), ID # (5), Owner (DEANNA FREEDLAND), Owner's Address (202 BERRY ST. STE 400 FT. WAYNE), Person in Charge (Austin Martin), Responsible Person's E-mail (NA), Certified Food Handler (Alex Wilson exp 5/7/24), Purpose (1. Routine), Follow-up (No), Release Date (6/23/22), Summary of Violations (C, NC, R), Menu Type (1, 2, 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No Violations AT THIS INSPECTION'.

Received by (name and title printed): Austin Martin
Received by (signature): [Signature]
Inspected by (name and title printed): [Signature] / FSD - EUS
Inspected by (signature): [Signature] / FSD EUS
cc: [Blank]