

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.

Establishmo	11	.1 00	Telephone Number	Date of Ins (mm/dd/yr)		ID#		
4.221	a hi	ng #23	(7US) 348-1388			5		
Establishme	ent Addres	s (number and street, city, state,	()Owner	6/12	100			
1705	NID	alnut HC IN L	TOWING TOWNS			na (L)		
Owner	14.00	adial Pic 114	Purpose:	Follow-up	Releas	se Date		
	1000	Lmonto	1. Routine	YES		2/23		
		tments		A	101-			
Owner's Ac	idress	1 . 1 . nu. 11.	2. Follow-up	Summary of Violations:				
4111	1. M	heeling Ave M	3. Complaint	2 1 5				
Person in C	harge	J	4. Pre-Operational	c3 NC R				
Toril	wilso	n	200 100 100 100 100 100 100 100 100 100					
Responsible	Person's	E-mail /	5. Temporary	Menu Type (See back of page)				
Responsible	eig i	now	6. HACCP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
C. C. J. F.	and Mandle		7. Other (list)	1 2	X 3	4 5		
Talana	0-11	Tue 5/2	HP)	1				
lonuc	r PM	THU EXP. D/a	9/2023 - (NEED AS					
• CRITICAL	ITEMS AR		LIST AND NARRATIVE COLUMNS					
• VIOLATIO	N(S) REPE	ATED FROM PREVIOUS INSPE	CTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
129	C	EMPLOYER	FIRST WASHING MANDS, this Also INCLUDED					
		FOST WA	SHING MAINE &	This Alen INI	Lune	5		
				MIS AISU NO	1000)	-	
		Changing ing	ASKS.					
295	NC	3 floor co	3 Floor coolers, the Bottom AREAS ARE NEAVILY Soiled WITH FOOD debris.					
		10170111115	MITALLIA SOLEN LIVER FOOD de hois					
		MEAUTY 3	VIEWOLING SOLIDO WILL TOOL GOVERN					
		2) MND/65	2) MANDLES OF ALL FLOOR COOLERS 50,15 WITH debris					
295	C	THE FOLING	THE FOLLOWING FOOD Contact SURFACES ARE TODAY					
		e 1-2 m	E La man Carl dologie:					
		BOLIED WI	SoilED WITH food delivers:					
	the Lin	1) SMALL COO	1) SMAIL COOLER IN PREP ROOM, SOILED PAWS IN					
		COSIBR-(TE	COOLER - (THIS COOLER NOT IN USE)					
		Z) ON A UR	2) ON A DRYING RACK - 3 METAL PAINS STORED					
		AS CLEAN-SOLED WITH FOODDELS, STORED AS CLEAN						
		3) Plasne container holding metal measuring						
		a con a contraction with debate Glance As Clared						
		cups cups soiled with debris-Stored As Clerk						
or I		4) prop table 2 large container stores						
			UNDER, HAS CLEAN HENSILS, KNIVES BOTH					
	- 1212	Con the contract	Containers 50, 600 word food debris					
		5) GRAY CON	5) GRAY container holding 405 & STRAWS					
			Can opener					
Received by	(name and	title printed):	an opoion	Inspected by (name and title)	orinted\			
				DO LA COMPANIE UNITE LINE I		214		
Received by (signature): Received by (signature):								
Received by (signature): Inspected by (signature):								
1 1/2 - 01 - 12 WWW - 545								
cc:			cc:	There	L cc:			
50.								
					1			

Blackford County Health Department

Fax # 765-348-3041

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

	Operator Inspection Response
	State Form 80047 (2-01) DATE: 430-33
	The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford Health Department on $6/2/23$
	Date: Action Taken by Establishment:
	We have cleaned everything up we did it that first day and lave continued to Keepitup. First. my new Serve Sofe Certificate is up atour register its dates are 3-15-23 expires 3-15-28.
	Thave and will continue to go over proper hand washing
	and out and continue every night, along with the
1	anotes. Thave also instructed them to clean all
1	Ploor cool of s
	We sonked and scrubbed and sanitized all the pie
(Thought of the stored
(Thay a cloqued and sanitized and moved the plastic containers
0	14he utinsis in the holding contains.
4	lease forward this Form to the Blackford County Health Department by mail/fax within
1) days)
1	ame of respondent: Tonya LBilbrey Title: General Manager
	tablishment Name: Pizza King
	Idress: 1705 NWalnut Har-Hord City IN 47348.
) Qu	Ue also navecleaned and made everyone amone of the comopener of blade towash afteruse. Thank you