

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	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
MIZZA KING - 23	760 JAB	(ALLE LIE)	1	F .
Establishment Address (number and street, city, state, ZIP code)	()0.700	6/2	3/25	5
1705 N WALNUT ST. HARTFORD	1,080	(C)(-	0120	a la sala
Owner (N)	Purpose:	Follow-up	Releas	e Date
PS INVESTMENTS		NO		-7-25
	1. Routine	700 7		
Owner's Address All N WHEELING PK MUNCLE	2. Follow-up	Summary of Violations:		
	3. Complaint	Complaint 2		
Person in Charge	4. Pre-Operational	C Ne R		
& Penno HAT	- 5. Temporary	CORE PFIP		
Responsible Person's E-mail	Menu Type (See back of page)			
NA	6. HACCP	A CONTRACT OF		
Certified Food Handler	7. Other (list)	1 2	3X)	4 5
TONYA BILL BREY	BUIL ORNER)	-7.7	Eng I	-11
- M		L		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section# C/NC R Narrative			-	rrected By
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HARTISORD CITY HOD DEDT. 6-21-23 tul Listed by HG of				
*This inspection love per NEW				
FOOD CODE RULE AND IAS 7-126				
Received by (name and title printed): Inspected by (name and title printed):				
to Demiro Troux Shift mannoor of below walls				
Received by (signature): Inspected by (signature):				
X Jenus Athit				
cc: cc:	U'	cc:		
2	*			



Blackford County Health Department 506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: 633005
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 County Health Department on 67375 .
Date: <u>623-2025</u> Action Taken by Establishment:
We cleaned the totes and all-theutinzils right away same day as vis Librals cleaned the green racks indishared anterergone Libral Love of the Nightly Koop clean dishas an clean rack - Circul the Oxo fordirfus untill wested. Circul the Oxo fordirfus untill wested. Circul soared and cleaned oven had filter above pizza oven and set a plan to keep cleaned. Live cleaned floors with south brush that day. Tontinued day and nightly faying close attention to Jish marree. And access where havy flour is chopped.
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days) Name of respondent: Tonya h Bilbrey Title: General Manage R Establishment Name: Pizza King #33 Address: 1775 N 1170 mut St Harfford Cuty IN 47348.
Address. 1700 TV Court
Date Received: