

## 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.

I ne time iin	nit for cori	ection	n of each violation is specified in the narrative portion of thi	s report.			
Establishme P12	ent Name	Ki	wg #79	Telephone Number	Date of In: (mm/dd/yr		
Establishmo	ent Addres	1	mber and street, city, state, ZIP code)	(8241	11/14	-123   =	$\supset_{i}$
133	EH	UN	TINGTON St. Wortbelier	THE PLACE WHEE	1	21 01 1	
Owner	V			Purpose:	Follow-u	p Release Date	
$M_{O}$	RST	OR	- INC	1. Routine	NO 11/24/23		
Owner's Ac	ldress			2. Follow-up	Summary of Violations:		
411	1 1	w	heelmor PK Muncie	(E2)	Summary of Violations.		
Person in C			1	3. Complaint	C NC R		
1/1/	01 1	1)	Illiams	4. Pre-Operational		_ NC - 1	
Responsible	Parson's	E mai	11 (17)	5. Temporary Menu Type (See back of page)		100)	
Responsible	i cison s	C-IIIai	NIA	6. HACCP	Menu Type (Bee buch by puge)		
C C IF	1 XX 11		NI/E	7. Other (list)	1 2	X 2 1	5
Certified Fo	4	er /	Villiams		12_(\_345		
1014	1 RiA		CITI AMS				
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			5.
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE	NARRATIVE BELO	W AS "R"
Section#	C/NC	R	Narrative			To Be Correct	
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506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317 Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 14 23.

(Please forw 10 days) Name of res Establishmer	LE CONTROLLER
ard this Form	Action Take
Inlease forward this Form to the Blackford County Health Department by mail/fax with 10 days)  Name of respondent: MITA MILLIANS Trule: Store Monday  Establishment Name: P1770 Ling, Montapelier	Colling District Manager obout over She calling to 300 of that own he wall be calling today II-15 3633
Ind County He	POR OF
alth Departm	Republic
Cont by mall/	De Other
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