

## 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

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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.

The time lin	nit for corr	ection	of each violation is specified in the narrative portion of this		W . CY .	TYD#
Establishme Po5	· ·	E	ENERGY CAFÉ	Telephone Number	Date of Insp (mm/dd/yr)	4/25 5
			ber and street, city, state, ZIP code)  NONTPELIER	765 499 4634	m gala	all part III II
CASEY BRINN EMAN / SHLINA MCKINNON				Purpose: 1. Routine	Follow-up	Release Date 5/3/25
Owner's Address 228/310 w HEGY ST. Montpelier				2. Follow-up 3. Complaint	Summary of Violations:	
Person in C	1		NEMAN & SHALNA MCKINNON	4. Pre-Operational 5. Temporary	C NC R	
Responsible	e Person's I	S-mail	NA	6. HACCP  Other (list)	er en de de	pe (See back of page)
Certified Fo	BR	1 (NY)	reman & SHAINA WEKINDON	ok toopen	12_	<u>* 3 4 5 </u>
	ITEMS AR	E IDEN	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Corrected By
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	-				- 7 10	
				Inspected by (name and title	printed.	
1XC	y (name an	Bri	eneman Shana mckinnon	Inspected by (name and title	CHS	5
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