



# 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 <b>RICHARDS RESTAURANT</b>	Telephone Number <b>765 348 5126</b>	Date of Inspection (mm/dd/yr) <b>10/16/24</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>820 S WALNUT HARTFORD CITY</b>			
Owner <b>STEVE / MICHELLE STAFFORD</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>10/26/24</b>
Owner's Address <b>801 N JEFFERSON ST. HARTFORD CITY</b>		Summary of Violations: <b>C 3 NC 2 R 1</b>	
Person in Charge <b>X Michelle Green</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>STEVE STAFFORD</b>			

• 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"

Section#	C/NC	R	Narrative	To Be Corrected By
129	C	✓	3 EMPLOYEES HANDLING RAW food, Changing task AND JUST PUTTING ON gloves WITHOUT FIRST WASHING HANDS	TODAY
295	NC		THE FOLLOWING Non food CONTACT SURFACES SOILED WITH food debris: 1) DEEP FRYER (BOTTOM AREA) 2) Rack holding ICE SCOOP IS RUSTED / fix or REPLACE 3) Syrup Containers IE STRAWBERRY, CHERRY, CARAMEL	
345	C		EMPLOYEES USING HANDWASHING SINK AS A DUMP STATION -	
295	C		CAN OPENER BASE / BLADE SOILED WITH food debris.	
245	NC		Wiping cloths setting ON most of the prep tables NOT IN SANITIZER / PLACED IN A HAMPER WITH OTHER SOILED WIPING CLOTHS (X) OWNER NEEDS MORE EMPLOYEE TRAINING IE HANDWASHING, GLOVES, CLEANING ECT. (X)	
Received by (name and title printed): <b>X Michelle Green</b>			Inspected by (name and title printed): <b>K. Ballou EHS</b>	
Received by (signature): <b>X Michelle Green</b>			Inspected by (signature): <b>K. Ballou EHS</b>	
cc:		cc:		cc:

\* will Do A follow up inspection AFTER  
10/26/24

## NARRATIVE REPORT

[illegible]





**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: \_\_\_\_\_

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 County Health Department on 10/15/24.

Date: 10/15/24 Action Taken by Establishment:

- (129) ALL Staff is being retrained on handwashing Procedures
- (295) Bottom of Deep Fryer cleaned, New Ice Scoop Holder ordered, Syrup containers cleaned.
- (345) Staff is being retrained on the use of handwashing sink only
- (295) CAN opener was cleaned and staff once again was told to have it washed after every use
- (245) Staff was told and retrained about the handling of wiping clothes and the sanitizer
- (340) Vents - And ceiling were cleaned

(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Steve Stafford Title: President

Establishment Name: Richards Restaurant

Address: 820 South Walnut St. Hartford City, IN 47348

Date Received: 10-15-24