

## 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 lin	mit for cor	rectio	n of each violation is specified in the narrative portion of thi	s report.			
Establishm	ent Name NAVA	s T	Restaurant	Telephone Number (145 348-512 4	Date of Inspection (mm/dd/yr)	ID#	
Establishme Sa C	ent Addres	ss (nui	mber and street, city, state, ZIP code)	( ) Owner	10/26/23		
Owner SH	evea	r M	Tichelle Stafford	Purpose:	Follow-up Rel	case Date 15/23	
Owner's Ac	ddress ()	بذ	efferson HCIN 47348	Follow-up     Complaint	Summary of Violations:  C NC R  Menu Type (See back of page)		
Person in C	teve	S	Hafford	4. Pre-Operational 5. Temporary			
Responsible	e Person's	E-ma	il for A A fine sto Alamon to traits and we ray	6. НАССР			
Certified F	ood Handl	er S	tafford	7. Other (list)	123 <u>X_45</u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		To Be	Corrected By	
173	C		IN WALK-IN COOLER C	iontainer G	white)	45AP	
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		-		200t Contec	1		
			WITH VEGETABLES (APP	rix 20 p 10	5)		
413	NC		BACK DELIVERY DOOR I	AS 9aps A	T		
110			Bottom & TOP. NEEDS	FIXED OR	Replaces	3Ddays	
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## Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

	Phone # 765-348-4	317	Fax # 765-348-30	41	
Operator Inspection	Response				
State Form 80047 (2	-01)	g a		DATE:	10-26-23
The following is a r Health Departmen Department on 10	ts Food Safety Off				
573(C) the Store the	Stirfy Ve	been belable	5	intuice	t water
(Please forward thi 10 days) Name of responder Establishment Nam Address: B20	nt: Steere	Slaffor	) Title: Pre	esident	
Address:	2001 - 0001	אטי און	And March		- I - I