

## 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.

The time li	mit for cor	rection o	f each violation	is specific	ed in the na	arrative po	ortion of th	is report.				
Establishment Name								Telephone Number (745) 348-6033		Date of Inspection (mm/dd/yr) ID #		
Establishment Address (number and street, city, state, ZIP, code)							( )Owner	1-1-				
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Blackford County Foods LLC							Purpose:	Follow-	up Relea	ase Date 27-23		
Owner's Address							2. Follow-up	Summa	Summary of Violations:			
7965 E. 106th St. Fishers IN 4638  Person in Charge								3. Complaint		C NC R  Menu Type (See back of page)  1 2 3 4 5		
hevin Church								4. Pre-Operational	(ce			
Responsible Person's E-mail								5. Temporary 6. HACCP	Menu T			
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Certified Food Handler								- Cilici (Ilisi)	1			
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