

## 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.

Owner's Addr Owner's Addr 1053 Person in Cha Responsible Personsible Perso	Name A - Address ( W V  ress A C  rge A H  crson's E- WA	LANAID HEST NUT HILL CT. FISHERS	Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection (mm/dd/yr)  10/28/24 5  Follow-up Release Date 11/7/24  Summary of Violations:  C NC R  Menu Type (See back of page)	
SARAN IT			A Section 1	1 2 3 7 4 3	
		IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MARKED "C"		
• VIOLATION(	S) REPEAT	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" A		
Section# C	C/NC	R Narrative		To Be Corrected By	
		The Month of the Control of the Cont	AT THIS		
Received by (n) Received by (s) Received by (s)	al	itle printed):	Inspected by (name and title  Inspected by (signature):	printed):  ggr EUS  CC:	