

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.

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Establishment Name HARTFORD CITY Save-a-lot Establishment Address (number and street, city, state, ZIP code)	Telephone Number (765) Establishment () One 33	Date of Inspection (mm/dd/yr) 6/13/22	5	
1817 N WALNUT HARTFORD CITY	()000 03			
Owner Owner	Purpose:	Follow-up Release D	ate.	
BLACK FORD CO FOODS INC/LC		NO 6/2		
		140	10 010	
7965 & 106th St. HARTFORD City	2. Follow-up	Summary of Violations:		
	3. Complaint	1 1	1	
Person in Charge	4. Pre-Operational	C NC	R_C	
	HON 5. Temporary			
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)		
WLA	1	Υ.		
Certified Food Handler	7. Other (list)	1 2 3 4 5		
KEVIN CHURCH EXED 518/24				
• 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 Corre		
1.73	[O []		A STATE OF THE PARTY OF T	
173 C IN WALKINS PERSONAL			MT	
OVER FOOD to be SOLD TO CUSTOMERS,				
2) MEAT DERT aREA HAVE RAW FOOD				
products STORED OVER READY TO EAT				
PRODUCTS (IN 2 LOCATIONS)				
02000 S (1/2 2 - 00 (110-2)				
and in The Handen is 182 ages	1 1 = 1 p = 1			
408 NC THE HANDSINK IN PRODUCE AREA				
1945 DETATCHED CROM WALL				
needs fixED (REPLACED				
		/.	*	
Received by (name and title printed):	Inspected by (name and title)	printed):		
Sarch Suttan Klass PEID/ENS				
Received by (signature):				
danal la				
cc: cc:	THE WALL	cc:	. /	
	V	1		

Phone # 765-348-4317



Blackford County Health Department

Fax # 765-348-3041

Page: 1

506 East Van Cleve Street, Hartford City, IN 47348

Operator Inspection Response
5:ate Form 80047 (2-01) DATE: 6/13/22
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 Health Department on $6/3/22$.
Date: Action Taken by Establishment:
6/13: Reset meat case to get raw meat below
10/13: Sent owner a meddage about fixing hand wowhing sink in produce your.
Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)
Name of respondent: Sarah Sutten Title: Store Director
stablishment Name: <u>Save A</u> Lot
Address: 1817 N. Walnut Jt.