

## 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				Telephone Number	Date of In	
SAVE -A-LOT				B17 570	(mm/dd/yr	
Establishment Address (number and street, city, state, ZIP code)				( 4-766	6/1	7/25 5
181	7 N	WA	ENUT St. HARTEURD CUTY	in of divienant Villa Least	10.054	
Owner				Purpose:	Follow-u	p Release Date
MKE PAWALP				1. Routine	N	6 6 27 25
Owner's Address				2. Follow-up	Summary of Violations:	
10534 CHESTAUT HILLT. FISHERS IN				3. Complaint		
Person in Charge				4. Pre-Operational	C Ne_ R Cure P/P=	
Responsible Person's E-mail				5. Temporary	Menu Ty	pe (See back of page)
NA				6. HACCP	11	
Certified Food Handler				7. Other (list)	1_2_2	345
• CDITICAL	ITEMS A	SE IDE		IARKED "C"	1	
• 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"						
		-		WIWARY OF VIOLATIONS" AF	VD IN THE	
Section#	C/NC	R	Narrative			To Be Corrected By
	No Violations at Try 15					
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FOOD CORE- RULE AND IAC 7-26						
Received by (name and title printed):  Inspected by (name and title printed):						
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Received by (signature):  Inspected by (signature):						
THANN OUX						
cc:		/0	cc:		cc:	