

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 N SIP Establishment A 205 Owner SARA Owner's Addres 200 Person in Charg Responsible Person Certified Food F NICC CRITICAL ITER	AM SARE	Ce Se (Index	DABB NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	Telephone Number (165 167 1 2 380) Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) ARKED C"	C	23/25 5 Release Date 5/3/25 Ty of Violations: NC R Type (See back of page) 2 X 3 4 5
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE	
Section# C/	NC	R	Narrative			To Be Corrected By
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