

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.					
Establishme	nt Name	Datissoria	Telephone Number	Date of Inspection ID # (mm/dd/yr)	
Establishment Address (number and street, city, state, ZIP code)			()Owner	2-23-24 5	
305	5 10.	Washinaten St. HC	elo na outra nyfira i		
Owner	i A	ordinan	Purpose:	Follow-up Release Date 3 - 2 - 24	
Owner's Address			2. Follow-up	Summary of Violations:	
1066) <u>L</u> .	State St. Albany 10	3. Complaint	® 1 70	
Person in C	harge	xadmaa	4. Pre-Operational	CONC R	
Responsible	Person's	E-mail 1/20	- 5. Temporary	Menu Type (See back of page)	
		NIH	6. HACCP		
Certified Fo	ood Handle	is Andman	7. Other (list)	12345	
• 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 Corrected By					
429	NC	OUTDOOR REFUSE AR	EA. IS A N	IETAL TODAY	
	BUX WITH holes AND SETS ON GROUND				
16	AND OPEN to ANIMALS, this is NOT				
	A DunipStoR OR A REFESE Container				
	That holds TRASH ERT.				
			No. of the last transfer of th		
	Дімі -	nor in perunggo paramanduo e go accepto shibi wa esau wisi usa		e iist ii e mad	
	ordere en	anni taon sae ay ne amasaifinal isana aliman na a a a a a a a	delle garrene de maggiorne	POTE THE RESIDENCE OF THE PROPERTY OF THE PROP	
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				or management of	
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Received by (signature): Inspected by (signature):					
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cc: cc:					