



**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 <b>SISTER PATISSERIE</b>	Telephone Number <b>765 Establishment (602) 366 5205</b>	Date of Inspection (mm/dd/yr) <b>11/3/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>205 W WASHINGTON ST. HARTFORD</b>			
Owner <b>LORI GOODMAN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <b>Pre-Operational</b> 5. Temporary 6. HACCP 7. Other (list) <b>OK TO OPEN</b>	Follow-up <b>NO</b>	Release Date <b>11/13/23</b>
Owner's Address <b>1060 E STATE STR ALBANY IN</b>		Summary of Violations: C ___ NC ___ R ___	
Person in Charge <b>LORI GOODMAN</b>		Menu Type (See back of page) 1 ___ 2 ___ 3 <b>X</b> 4 ___ 5 ___	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>LORI GOODMAN</b>			

- 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
			<b>OK TO OPEN 11/4/23</b>	
			<b>ANNE OWEN - Building Dept. WILL SEND LETTER TO BCMD PERTAINING TO HOOD OVER COOKING EQUIPMENT.</b>	

Received by (name and title printed): <b>x Lori Goodman</b>	Inspected by (name and title printed): <b>Blake Carr - EHS</b>
Received by (signature): <b>x Lori Goodman</b>	Inspected by (signature): <b>Blake Carr - EHS</b>
cc:	cc: