

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.							
Establishm	ent Name		L # Z3 38	Telephone Number	Date of In (mm/dd/yr		
Establishm	ent Addres	s (nui	mber and street, city, state, ZIP cole)	() 1910	9/2	0/23 5	
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Owner - V	MAC.	E	WHERPRISES INC	Purpose:	Follow-u	Release Date 9130123	
Owner's Ac	ddress			2. Follow-up Summary		y of Violations:	
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Responsible			<u> </u>	5. Temporary	Menu T	ype (See back of page)	
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Certified Food Handler, 7. Other (list)					1 2	X 3 4 5	
D-A D 150- 611-17A							
JAM	Water Committee of the	CK		l .			
• 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"							
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