

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.

I ne time ili	mit for cor	rection	of each violation is specified in the narrative portion of th	is report.		10 g	
Establishm TAC	0 B	Ell	1 4 23 138	Telephone Number	Date of Inspection (mm/dd/yr)	1D#	
Establishm			nber and street, city, state, ZIP code)	(7053	10/24/2		
1900	ON	W	LOUTST, HARTFORD CH	4000	Plymbox dyna (1)		
Owner K-WAC				Purpose: 1. Routine		11/7/7/	
Owner's Address 688 E Mil SAD STE ZOO FAYETTIME ARK				2. Follow-up 3. Complaint	Summary of Violations:		
Person in C		7		4. Pre-Operational	C NC R		
Responsible	e Person's		JA - mar man en rel rellate e hostigue en s	5. Temporary 6. HACCP	Menu Type (See	Menu Type (See back of page)	
Certified F	ood Handl	er N A	Francisco de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya de la companya de la companya del la companya d	7. Other (list)	123_	45	
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			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		ND IN THE NARRAT	IVE BELOW AS "R"	
Section#	C/NC	R	Narrative		To Be	Corrected By	
		56%	No VIOLATIONS AT				
		¥	REMONEL JAN 2025 7		3 Pa 57 (1310)		
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XJOE	sh C	am	eron GM	Hallel	1645		
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cc:			co:	111	cc:		