



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 Taco Bell 23138		Telephone Number (765) 348-1910	Date of Inspection (mm/dd/yr) 12/5/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1906 N. Walnut HC IN 47348		() OWNER		
Owner K-MAC Enterprises INC	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 12/15/22	
Owner's Address 688 E. Millsap Rd Suite 200 Fayetteville AR 72703	Summary of Violations: C 2 NC 3 R 0			
Person in Charge Stazia Saulnier	Menu Type (See back of page) 1 2 X 3 4 5			
Responsible Person's E-mail NA				
Certified Food Handler Stazil Saulnier				

• 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
344	C		THE HANDSINK IS SOILED WITH SOILED GLOVES AND PAPER TOWEL	TODAY
295	NC		THE FOLLOWING NON FOOD CONTACT SURFACES ARE SOILED WITH DEBRIS. ↳ SHELVES ABOVE HOT PLATE AT SERVICE LINE	}
294	C		BOTH LOCATIONS CHECKED WITH MANAGER SANITIZER WAS AT APPROX 100ppm MANUFACTURE STATES 200ppm (QUAT 10)	
431	NC		SOILED GLOVES IN SEVERAL LOCATIONS LAYING ON FLOOR, ALSO LOT OF GREASE DEBRIS UNDER DEEP FRYER; FLOOR DRAINS NEED CLEANED, BACK UP PER EMPLOYEES	
310	NC		VENTS IN THE HOOD SYSTEM SOILED WITH LINT/DEBRIS, ALSO THE VENT DOESN'T APPEAR TO BE WORKING THIS NEEDS FIXED / REPLACED	

Received by (name and title printed): Omega Walker	Inspected by (name and title printed): R. Walker - FSD
Received by (signature): <i>Omega Walker</i>	Inspected by (signature): <i>R. Walker - FSD</i>
cc:	cc:

* Complaint closed 12/15/22 Dale Carr - FHS