



**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 THE DEPOT	Telephone Number 765 348 2909 () Establishment () Owner	Date of Inspection (mm/dd/yr) 6/22/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 201 S JEFFERSON ST. HARTFORD CITY	Owner HARTFORD CITY TAVERN CO INC	Purpose: 1. Routine	Follow-up YES
Owner's Address 201 1/2 S JEFFERSON ST. H CITY	Person in Charge JERRY ROBBINS II	2. Follow-up	Release Date 7-2-22
Responsible Person's E-mail N/A	Certified Food Handler EXPIRED HAS 10 DAYS TO ROLL/TEST	3. Complaint	Summary of Violations: C 2 NC 2 R 0
		4. Pre-Operational	Menu Type (See back of page) 1 2 3 X 4 5
		5. Temporary	
		6. HACCP	
		7. Other (list)	

• 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
118	C		CERTIFIED food manager certification 10 days has expired 3/7/22, OWNER HAS 10 DAYS FROM THIS DATED INSPECTION TO RE-NEW CERTIFICATION (SERV-SAFE 1-800-765-2122) (SERV SAFEFOOD - 1888-793-5136)	DAYS
245	NC		5 wiping cloth that are soiled sitting on equipment, 3-Bay Sink, tables	TODAY
310	NC		HOOD SYSTEM HAS LINT, GREASE AND other debris on vents & HOOD	TODAY
129	C		EMPLOYEES NOT WASHING HANDS AS they ENTER KITCHEN	TODAY

Received by (name and title printed): Jerry Robbins Owner	Inspected by (name and title printed): R Blake - FSD/EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: