

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 parrative portion of this report.

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Establishment Name				Telephone Number	Date of Inspecti (mm/dd/yr)	on ID#
TH	EL	131	O0T	765348	(minutally)	_ _
Establishment Address (number and street, city, state, ZIP code)				() 0000	6/13/2	23 7
201	5	TE	PFERSON St. City	9909	The bright to	664
Owner	***************************************			Purpose:	Follow-up	Release Date
JERRY KOBIBINS				1. Routine	NO 7-5-	
Owner's Address				2. Follow-up	Summary of Violations:	
SAME				1	3. Complaint	
Person in Charge				4. Pre-Operational CNC R_		NC \subseteq R
JE	RRY	*	obbins			
Responsible	e Person's			5. Temporary	Menu Type (S	See back of page)
N/A				6. HACCP		10
Certified F	ood Handle		KOBBINS	7. Other (list)	12	3/4_5_
				A DIVED WOW		
The second second			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS			
VIOLATIO			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SL	MMARY OF VIOLATIONS" A		
Section#	C/NC	R	Narrative		То	Be Corrected By
431	431 NC FLOOR UNDER Flat Plate GRILL?					TODAY
	DEEP FRYER SOLLEN WIM GREASE					
	Annother Debris.					
			AMO OTHER DEDUCTS.		F 10 17 18X2 1 T X	
310 NCX THE VENTS OF HOOD SYSTEM AK						
BOILED WITH GREASE, LINT AN other					othor s	Debris
30160 WITH GREASE, LINT AN OTHER S 200 VIDATION IN A ROW.						
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Received by (name and title printed):						
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Received by (signature): // / / / / / / / / / / / / / / / / /						
X. Claring PRality ISK						
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cc: /	V		co:		cc:	