



**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 <b>The Depot</b>	Telephone Number <b>765 348-9909</b>	Date of Inspection (mm/dd/yr) <b>6/28/24</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>201 S. Jefferson HC</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>7/8/24</b>
Owner <b>A C Tavern Co. INC</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 3 NC 0 R 0</b>	
Owner's Address <b>201 S. Jefferson HC</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>Jerry Robbins II</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>Jerry Robbins II</b>	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
295	C		THE FOLLOWING "FOOD CONTACT" SURFACES ARE SOILED WITH DEBRIS 1) KNIVES CLEAN SOILED CLEAR CONTAINER KNIVES ARE STORED IN 2) CAN OPENER AND BLADE SOILED WITH FOOD DEBRIS	TODAY
129	C		EMPLOYEE PREPARING FOOD, PUT BLUE GLOVES ON WITHOUT FIRST WASHING HANDS	
187	C		CONTAINER OF GRAVY SETTING ON PREP STATION TEMPED AT 118°F AT ROOM TEMP (135°+ TO 70° 2HRS. NOT AT ROOM TEMP 70° TO 41° 4HRS. (GRAVY TEMP 118°F)	

Received by (name and title printed): <b>x Jerry E. Robbins II</b>	Inspected by (name and title printed): <b>R. Ballentine</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**Blackford County Health Department**

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Hartford City IN 47348

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<https://www.in.gov/localhealth/blackfordcounty>

**Operator Inspection Response**

State Form 80047 (2-01)

Date: \_\_\_\_\_

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on 6/28/24.

Date: 7-2-24 Action Taken by Establishment:

New Knife Storage

Cleaned + Sanitized Can Opener

Threw gravy away

Slapped Self for not washing hand

Before Gloves

(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Jerry Robbins Title: Partner

Establishment Name: Depot

Address: 201 S Jefferson St

Date Received: 6-28-24