

## 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 lin   | mit for corr | ection o  | of each violation is specified in the narrative portion of thi   | s report.  | 415   |                                       |  |
|--|--------------|-----------|--|--|---|---------------------------------------|--|
| Establishm   | ent Name     |           | 8 2 =  | Telephone Number   | Date of In<br>(mm/dd/yr   |                                       |  |
| T41  | 15 1         | )EF       | POT  | 765 318 en   |   | · · · · · · · · · · · · · · · · · · · |  |
| Establishment Address (number and street, city, state, ZIP code)   |              |           |  | agra   | 10/2  | 10/24/24 5                            |  |
| 2015 JEFFERSON St. HARTFORD City   |              |           |  |  |   |                                       |  |
| Owner)   | 0            | JEF       | PETSON JT. HARAFURD CTY  | Purpose:   | Follow-u  | p Release Date                        |  |
| HARTEORD CITY TAVERN   |              |           |  | 1. Routine   | No  | Release Date                          |  |
| Owner's Address  |              |           |  | 2. Follow-up   | Summary of Violations:  |                                       |  |
|  | <            | An        | WS   | 3. Complaint 4. Pre-Operational  |   |                                       |  |
| Person in C  | Charge       | _         |  |  |   | NC R                                  |  |
|  | RRI          | 2 1       | SOBBINS II   | The state of the s |   |                                       |  |
| Responsible  | e Person's   | E-mail    | 0,0,0,00   | 5. Temporary   | Menu T  | Menu Type (See back of page)          |  |
|  |              | inst      | A  | 6. HACCP   |   |                                       |  |
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| • 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" |              |           |  |  |   |                                       |  |
|  |              | -         | Narrative  |  |   | To Be Corrected By                    |  |
| Section#   | C/NC         | R         | Narrative  |  |   | To be corrected by                    |  |
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| Received by (name and title printed):  |              |           |  |  |   |                                       |  |
| TRONG F MODDINS DI HARLY CIENS   |              |           |  |  |   |                                       |  |
| Received by (signature); Inspected by (signature):   |              |           |  |  |   |                                       |  |
| Charles (RIM)  |              |           |  |  |   |                                       |  |
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| c¢:  | U            |           | co:  |  | cc:   |                                       |  |
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