

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.

i ne time iin	iit for corr	ectioi	n of each violation is specified in the narrative portion of th	is report.			
Establishme	(7	0:=	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
TH			POT	765 348		100	5
Establishme 201			mber and street, city, state, ZIP code) SEFERSON SF. HC	()9909	12/2	122	
Owner	3	<u> </u>	EFFERSON SF. 175	Purpose:	Follow-up	Relea	se Date ,
HAR	TENR		City TAVERN CO INC	1. Routine	NO	12	12/22
Owner's Ad	. 0			2. Follow-up	Summary of Violations:		
201	12 3	5{	JEFFERSON St. HC	3. Complaint	1 2		
Person in Cl				4. Pre-Operational	C NC R		
HELE			STEPHENS	5. Temporary		/O I	
Responsible	l'erson's l	S-mai		6. HACCP	Menu Type (See back of page)		
Certified Fo	od Handle	_	A STATE OF THE STA	7. Other (list)	1 2	3 >	Y 5
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI		ON IN THE N	DDATIVE	BELOW VE "D"
			Narrative	SWIMART OF VIOLATIONS A			orrected By
Section#	C/NC	R		T / GREASE		200	04.1
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cc: V	my	_/\	CC:	1 record / /	cc:	PIN	

Blackford County Health Department

Fax # 765-348-3041

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Operator Inspection Response	
State Form 80047 (2-01)	DATE: 12 4 22
The following is a response to the inspection re Health Departments Food Safety Officer/EHS _ Department on	
Date: Action Taken by Establishment:	
Put WAS ON	ped utensils ge Containers containers
12-4-227 > SCCUB HOOD VENTS.	hed and cleaner
	to the lab December and because it /face within
(Please forward this Form to the Blackford Cou 10 days)	unty Health Department by mail/lax within
Name of respondent:	Title:
Establishment Name: THE DEPO	BAR & ERILL
Address:	