

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

The time limit for correction of each violation is specified in the narrative portion of thi	s report.	
Establishment Name	Telephone Number	Date of Inspection ID # (mn/dd/yr)
THE DEDOT BAR & GRILL	765 348	- N 1
Establishment Address (number and street, city, state, ZIP code)	( )9909	6/11/25 5
20   SO, JEFFERSON ST. HARTORD LT	1 1,000	off laguages cold
Owner	Purpose:	Follow-up Release Date
JERRY KOBBINS	1. Routine	NO 62125
Owner's Address	2. Follow-up	Summary of Violations:
SAME	3. Complaint	2 0 0
Person in Charge	4. Pre-Operational	cZ Ne Q RQ
JERRY KOBBINS	5. Temporary	ORE PIPE
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
N(A	7. Other (list)	1 2 3 X 4 5
Certified Food Handler	- Caller (IIII)	123_45
GERRY KOBBINS		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IT	IARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative	A season and the seas	To Be Corrected By
4550 CiRE THE HOOD SYSTEM HAS	LINT & OTH	or Zweeks
DEBRIS	-1-0	From Your Inspect
1/ENIA?		1-2011 101.9 To
201 1 0 - 1 0 - 20 - 20 10 - 5 51 1	21 10 00 11	770413
306 c) CORE THE DRIP TRAY OF Flat	Plate GRIN	15 TODAY
heavily soil on with a	REASE AWD	other
DOBRIS		
y little of contents of the state of the sta	STRONG CONTROL WORLD	ALOCA - LANGE LANG
		= 12 (2
3:		
* Complaint filos Theu:	Stade From	D. ( ( ) ( ) ( )
		Carlotte Action
has DEN DISCUSSED W	IM OWNER	Compaint CloseI
CODE RULE 410 IAC 7-	DONE PER	NEW
CODE RULE AID JAC 7-	26*	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		0
Received by (name and title printed):)	Inspected by (name and title p	printed):
X/2 m 2 Tell	1/1/200	lulus
Received by (sighature):	Inspected by (signature):	11)
Received by Mindle 1.	maperior by (signature).	MICH
XU/XUM/ SIOUS	my are	C43
co:		cc:
, I		