



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: THE FLIP FLOP, Telephone Number: 765 488 1690, Date of Inspection: 6/19/23, ID #: 5, Owner: DAWN WINGER, Address: 1309 N WALNUT ST. HARTFORD CITY, Purpose: 1. Routine, Follow-up: YES, Release Date: 6/29/23, Person in Charge: [Signature], Responsible Person's E-mail: N/A, Certified Food Handler: DAWN WINGER Exp 11/12/25

• 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains entries for microwave soiled with food debris, spoons in cups with water, and no sanitizer made for wiping cloths.

* WARNING: THIS UNIT IS LICENSED AS A TEMPORARY UNIT, IT IS HOOKED UP TO CITY UTILITIES WHICH BY LAW IS PERMANENT RESTAURANT.

Received by (name and title printed): Chad Okey, Inspected by (name and title printed): [Signature] - EHS, Received by (signature): [Signature], Inspected by (signature): [Signature] EHS