

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 li	mit for cor	rection	n of each violation is specified in the narrative portion of thi	is report.				
Establishment Name Telephone Number Date of l (mm/dd/)							ID#	
THE	EFL	11	Plop#Z	765 499 1690		30	5	
Establishm	ent Addres	s (nun	nber and street, city, state, ZIP code)	()Owner	9/28/22 5			
301	5 K	ick	CADOO HARTRORD City	Fire St. Block fill Inc. St. at	r náss-	ME 125		
Owner	2	1	12/0/	Purpose:	Follow-u	************	se Date	
		011	NGER / CHAD Cyley	1. Routine	No			
Owner's A		1	Le a lla azza an Cili	2. Follow-up	Summary of Violations:			
20	EK	ric	KAPOO HARTFORD COLY	3. Complaint				
Person in C	-	\	1.00	4. Pre-Operational	C	_ NC_	R	
Dru			LATR	5. Temporary	N/ W	1 T (G 1 1 5		
Responsibl	e Person's	E-mai	Introduce the distillent process of a stable of particular	6. HACCP		u Type (See back of page)		
and the second s						1 2 3 4 5		
Cerunica Food Handici							_45	
1)Au	JN U	IN	9th 155. 11-12-20 090 11-1225					
• CRITICAL	L ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SL	JMMARY OF VIOLATIONS" A	ND IN THE	NARRATIVI	E BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By	
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