

## 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	nit for corr	ection	of each violation is specified in the narrative portion of th			
Establishmo	Sangara and Calabraca			Telephone Number	Date of Ins (mm/dd/yr)	
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			nber and street, city, state, ZIP code)	The sales	3-1	8-25 5
1309	NU	JAL	NUT ST. HARTFORD CAY	1690	Lini bogsili.	defects
Owner		. 1	~	Purpose:	Follow-up	P Release Date 3-28-25
DAWN WINGER				1. Routine	NO	
Owner's Ac		13	1 Itanton Col	2. Follow-up	Summary of Violations:	
		KIC	CKAPOO ST. TLANTFORD CH	3. Complaint		- NO - D
Person in C		1.0	NEUR	4. Pre-Operational	L_	_ NC R
Responsible				5. Temporary Menu Type (See back of page)		
Responsion	CI CISON 5	Ci-Akassa.	NA	6. HACCP	TENTE	MA
Certified F	ood Handle	er	The second secon	7. Other (list)	12	3 × 4 5
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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	CIVILIANT OF TABLES IN		To Be Corrected By
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* Dawn R. Wincer & H. Calelen HS						
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