



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.

Form with fields: Establishment Name (THE SWEET SPOT), Telephone Number (765 348 5000), Date of Inspection (7/17/23), ID # (5), Owner (MIKE FISHER), Purpose (1. Routine), Follow-up (NO), Release Date (7/27/23), Owner's Address (SAME), Person in Charge (SANDRA TITUS), Responsible Person's E-mail (N/A), Certified Food Handler (SANDRA TITUS), Menu Type (1 2 3 x 4 5), and a circled note: 'USE AS A COMMISSARY'.

• 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. Narrative contains: 'NO VIOLATIONS AT THIS INSPECTION' and '* ALSO SELLING HAM SALAD AND CHICKEN SALAD, THAT IS MADE AT THIS COMMISSARY, PULLED PORK & CHICKEN TO BE MADE IN ROASTERS. PER OWNER * OWNER IS FOLLOWING LABELING PROTOCOLS PER STATE LAW'.

Received by (name and title printed): Sandra Titus; Inspected by (name and title printed): R Dale Carr - FSTO/EHS; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: []