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 Tasty Spoon	Telephone Number: (937) 902-4918	Date of Inspection (mm/dd/yr): 2-23-24	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 1425 N. Walnut St. HC	( ) Owner		
Owner: Tennille Stephenson	Purpose: 1. Routine	Follow-up	Release Date: 3-2-24
Owner's Address: 11369 E 900 S-27 HC	2. Follow-up	Summary of Violations:	
Person in Charge: Tennille Stephenson	3. Complaint / 4. Pre-Operational	C____ NC____ R____	
Responsible Person's E-mail: N/A	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: William Stephenson	6. HACCP / 7. Other (list)	1___ 2___ 3 X 4___ 5___	

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			OK to OPEN	

Received by (name and title printed): x Tennille Stephenson	Inspected by (name and title printed): EHS
Received by (signature): x Tennille Stephenson	Inspected by (signature): EHS

cc:	cc:	cc: