

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 this		1		
Establishme	nt Name			Telephone Number	Date of Ins (mnv/dd/yr)	pection ID #	
THE		74	SPOON	937 902			
Establishment Address (number and street, city, state, ZIP code) (1)4918 3-17-25 5							
142	5 N	u	PALIDUT ST. HARTIFORD CHY	Promotes and the second	Follow-up	Release Date	
Owner	11	-	51-06-215-21	Purpose:	No	3-27-25	
Owner's Address				2. Follow-up	-	Summary of Violations:	
	iaress	- 0	1005-27 HARTFORD City	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Summary	C NC R Menu Type (See back of page)	
Person in C	10		1		c -		
	willia		Stephenson				
Responsible					Menu Ty		
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Certified Fo		er	The property of the standard of the said eligibition	7. Other (<i>list</i>) 1		3 7 4 5	
William STEPhEWSON							
• 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	
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Received by (name and title printed): Inspected by (name and title printed):							
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Received by (signature): Inspected by (signature)							
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- Carron Corro			· 1	V			