



**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 TYLER & NICKS LOUNGE		Telephone Number (765) 499-4986	Date of Inspection (mm/dd/yr) 2-2-22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 101 EAST MAIN ST. HARTFORD CITY		() Owner		
Owner LORI LEE	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2-12-22	
Owner's Address 101 EAST MAIN ST. Apt. #5		Summary of Violations: C 3 NC 0 R 0		
Person in Charge THOMAS LEE		Menu Type (See back of page) 1 2 3X 4 5		
Responsible Person's E-mail NA				
Certified Food Handler THOMAS LEE				

- 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
196	C		THE NEW MENU HAS ITEMS THAT CAN BE "COOK TO ORDER" MENU HAS TO HAVE CONSUMER ADVISORY AND MARK FOOD ITEMS INVOLVED ON.	TODAY
344	C		NEED ADDITIONAL HANDWASHING SINK IN THE BACK KITCHEN	60 DAYS
269	C		THIS FACILITY NEED 3-BAY SINK IN BACK KITCHEN	60 DAYS
270				
			* COMPLAINT WAS NOT VALID, KEVIN - ID FIRE MARSHAL STATED 2 UNITS USING TO COOK HAMBURGERS DOES <u>NOT</u> REQUIRE A HOOD SYSTEM *	

Received by (name and title printed): X Thomas Lee MD	Inspected by (name and title printed): Dale Galt - FSI0/645
Received by (signature): X [Signature]	Inspected by (signature): [Signature] FSI0/645
cc:	cc:

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: 2/14/22

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 2-2-22.

Date: Action Taken by Establishment:

For preference not to have to install the
additional sinks, so she has elected to
drop the hamburgers from the menu. We
will not be using any new food ingredients or
prepping any tomatoes, onions, lettuce, etc.

JM Lee

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Thomas Lee Title: Manager

Establishment Name: Tyler + Nick's Lounge

Address: 101 E. Main St., Suite 1, Hartford City, IN 47348