



# 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 <b>TYLER &amp; NICKS LOUNGE</b>	Telephone Number <b>(765) 499-4986</b>	Date of Inspection (mm/dd/yr) <b>4/20/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>101 EAST MAIN ST. HARTFORD CITY</b>	( ) Owner		
Owner <b>LORI LEE</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>1</b>	Release Date <b>4/30/23</b>
Owner's Address <b>SAME</b>		Summary of Violations: <b>C 1 NC 3 R 0</b>	
Person in Charge <b>LORI LEE</b>		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>THOMAS LEE</b>			

- 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/N/C	R	Narrative	To Be Corrected By
431	NC		THE FLOOR THROUGHOUT THIS FACILITY IS SOILED WITH DEBRIS.	TODAY
295	NC		THE TABLE COVERS ARE SOILED WITH DEBRIS	TODAY
			THE FRYER IS SOILED WITH FOOD DEBRIS	TODAY
298	NC		THE MICROWAVE INSIDE & OUT IS SOILED WITH FOOD DEBRIS	TODAY
173	C		PERSONAL FOOD ITEMS STORED IN COOLER AND REFRIGERATOR ARE ABOVE AND MIXED WITH CUSTOMERS FOOD TO INCLUDE FREEZER	TODAY
			* COMPLAINTS ADDRESSED NOT ALL IS VALID, VALID COMPLAINTS LISTED ABOVE AND ADDRESSED *	

Received by (name and title printed): <b>X Thomas Lee</b>	Inspected by (name and title printed): <b>R Dale Carr - EUS</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] EUS</b>
cc:	cc:



**Blackford County Health Department**

506 E Van Cleve St

Hartford City IN 47348

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<https://www.in.gov/localhealth/blackfordcounty>

**Operator Inspection Response**

State Form 80047 (2-01)

Date: \_\_\_\_\_

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 County Health Department on 4/20/.

Date: 5/3/23 Action Taken by Establishment:

- ① Floors all cleaned
- ② Table covers removed
- ③ Microwave cleaned - daily cleaning instituted
- ④ Hot Air Oven cleaned
- ⑤ Personal items separated from rest of items
- ⑥ Hand-washing sink being properly utilized

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

Name of respondent: Thomas Lee Title: \_\_\_\_\_

Establishment Name: Tylenaw Nicks Lounge

Address: 101 East Main Suite 1

Date Received: \_\_\_\_\_