

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.							
Establishm	ent Name		1 /	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
141	ert	Ni	CKS Lounge	(765) 499 -4986	10/23		5
Establishm	ent Addres	s (nui	mber and street, city, state, ZIP code)	()Owner	10/20	12	
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Owner	vi 1	00		Purpose:	Follow-up	p Releas	e Date 2/24
Owner's Ac	1-1 C	Et		1. Routine			
I/)		lail	nSt. Apt 5 HC	2. Follow-up	Summary of Violations:		
Person in C		41	101.10101.	3. Complaint	CNC R		
	Sr.	P	e THOMAS LEE	4. Pre-Operational			
Responsible	e Person's	E-mai		5. Temporary	6. HACCP		
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Certified Fo	ood Handl	er /	with the state of	7. Other (list) 1 2 3 1 4 5			
Inomas 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"							
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