

## 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 t	he narrative portion of this	report.			
Establishment Name  INER & NICKS LONG	Telephone Number	Date of Ins (mm/dd/yr)	spection )	ID#	
Establishment Address (number and street, city, state, ZIP coa	( )4986	3-21	e-25	1 2	
	TFORD City	( )4 /00	0 -4		91
Owner A	11000	Purpose:	Follow-u	n Relea	se Date
LORI ANN LEE		1. Routine	NC		5-25
Owner's Address					
DI = 1/1/2 05 6 1/2 +1000(		2. Follow-up	Summary of Violations:		
Person in Charge		3. Complaint	CNCR_		
X THOMAS LEE	9	4. Pre-Operational	C NC R		
Responsible Person's E-mail		5. Temporary	Menu Type (See back of page)		
Acsponsible i cison's E-man		6. HACCP	Wienu Type (See back of page)		
Constitut Facilities disconnection	7. Other (list)	1 2 3 × 4 5			
Certified Food Handler THOMAS LEE 649	1 2 3 K 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"					
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Section# C/NC R	Narrative			To be Co	rrected by
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X Thomas Lee					
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