



**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>VICTORIAS VINEYARD/Deja Brew</b>	Telephone Number <b>765 854 7654</b>	Date of Inspection (mm/dd/yr) <b>6/7/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1000 w Washington St.</b>			
Owner <b>GORDON JACKSON</b>	Purpose: <b>1. Routine</b>	Follow-up	Release Date <b>6/17/22</b>
Owner's Address <b>426 S Willman RD</b>	2. Follow-up	Summary of Violations: <b>C 1 NC 3 R 0</b>	
Person in Charge <b>GORDON JACKSON</b>	3. Complaint	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>GORDON JACKSON exp 6/26/26</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
295	NC		THE Following "non food" contact surfaces & equipment soiled with debris 1) ALL SHELVES in Kitchen & Coffee Bar 2) 3 OUTSIDE/INSIDE OF REFRIGERATORS TO INCLUDE HANDLES	TODAY
295	C		THE Following "food" contact surfaces equipment soiled with debris 1) SUCER 2) SCALES 3) can opener Blade 4) small mixer	}
298	NC		3 MICROWAVES INTERIOR & EXTERIOR TO INCLUDE HANDLES soiled with food debris	
431	NC		Floor throughout facility is soiled with various debris.	

Received by (name and title printed): <b>X Gordon Jackson</b>	Inspected by (name and title printed): <b>R. K. CAR / ESTO - EHS</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] / ESTO - EHS</b>
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: 6/8/22

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 6/7/22.

Date:

Action Taken by Establishment:

6/7/22 Food contact surfaces cleaned

6/7/22 microwaves cleaned

6/7/22 Floor swept and mopped

6/7/22 Non food surfaces cleaned, debris removed

6/7/22 can opener cleaned and oiled - food grade oil

6/8/22 Food containers labeled - contents

Please forward this Form to the Blackford County Health Department by mail/fax within 30 days)

Name of respondent:

Joshua Johnson

Title:

Owner