



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R/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) 347 ( ) 8546</b>	Date of Inspection (mm/dd/yr) <b>12/2/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>1000 W WASHINGTON ST. HC</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>12/12/22</b>
Owner <b>GORDON JACKSON</b>		Summary of Violations: <b>C 3 NC 3 R 2</b>	
Owner's Address <b>426 S WILLMAN RD HC</b>	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	Person in Charge <b>GORDON JACKSON</b>	
Responsible Person's E-mail <b>N/A</b>		Certified Food Handler <b>GORDON JACKSON</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/NC	R	Narrative	To Be Corrected By
298	NC	X	3 MICROWAVES - INTERIOR IS SOILED WITH FOOD DEBRIS 2-INBACK, 1-Bar Area	TODAY
431	NC	X	FLOOR THROUGHOUT FACILITY IS STILL SOILED WITH VARIOUS DEBRIS.	TODAY
295	NC		NON-FOOD CONTACT EQUIPMENT SOILED WITH DEBRIS 5 REFRIGERATORS THE INTERIORS	TODAY
344	C		HANDSINK IN PREP ROOM IS NOT BEING ACCESSABLE AT ALL TIMES (2 BOX'S BLUE BURNES)	TODAY
295	C		TAN CONTAINER IS SOILED WITH DEBRIS HAS CLEAN UTENSILS IN CONTAINER	TODAY
294	C		NO SANITIZER MADE FOR SOILED WIPING CLOTHS	TODAY
XXX will do followup inspection after 12/12/22 XX				

Received by (name and title printed): <b>Rick Orr - EHS</b>	Inspected by (name and title printed): <b>[Signature]</b>
Received by (signature): <b>[Signature] EHS</b>	Inspected by (signature):
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: \_\_\_\_\_

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 12/2/22.

Date: Action Taken by Establishment:

12/2/22 Microwaves cleaned. Splash guards purch  
12/2/22 Floor Swept. / mopped / Mop backed @ the ready  
12/3/22 Lower Shelf of prep table cleaned and  
reorganized  
12/3/22 Refrigerators cleaned  
12/3/22 Handsink cleaned. New Fixture ordered  
12/3/22 Ten utensil pen removed  
12/3/22 Sanitizer containers put in place  
12/4/22 Area around trash cans decluttered  
12/4/22 Supplies removed from public area  
12/4/22 Misc Dish-towels removed  
12/6/22 Beard guards ordered  
12/6/22 Labels ordered for To-Go container  
12/10/22 Muffin Ingredient insects printed

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

Name of respondent: Deja John Title: Owner

Establishment Name: Deja Brew

Address: 1000 W. Washington St.