



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 Victorias Vineyard / Deja Brew		Telephone Number (765) 347-8540	Date of Inspection (mm/dd/yr) 12/20/22	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1000 W. Washington St HC		() Owner		
Owner Gordon Jackson	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up	Release Date	
Owner's Address 426 S. Willman Rd HC		Summary of Violations: C ___ NC ___ R ___		
Person in Charge Gordon Jackson		Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___		
Responsible Person's E-mail pla				
Certified Food Handler Gordon Jackson				

- 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
			<p>No Violations noted on this follow-up from previous inspection 12-2-22</p>	

Received by (name and title printed): Gordon Jackson / Owner	Inspected by (name and title printed): [Signature] - E45
Received by (signature): [Signature]	Inspected by (signature): [Signature] - E45
cc:	cc: