



**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 Who's Your Coffee	Telephone Number (765) 329-5021	Date of Inspection (mm/dd/yr) 9/20/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1603 N. Walnut HC IN 47348	() Owner		
Owner Mindy Harvey	Purpose: 1. Routine	Follow-up NO	Release Date 9/31/23
Owner's Address 591 S. 100 W HC IN 47348	2. Follow-up	Summary of Violations: C 1 NC 2 R 0	
Person in Charge Mindy Harvey	3. Complaint	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail mindyanna1@gmail.com	4. Pre-Operational		
Certified Food Handler Mindy Harvey	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
430	NC		WALL ABOVE CROCKPOTS TO INCLUDE CEILING & BELOW AIR CONDITIONER	
245	NC		SOILED WIPING CLOTHS LAYING ON COUNTER TOPS THROUGHOUT THIS FACILITY	
129	C		PUTTING ON GLOVES WITHOUT WASHING HANDS FIRST	
			* FLOOR REFRIGERATOR BY SINK IS BROKEN AND OWNER STATED ALL PRODUCT WILL BE DISCARDED	

Received by (name and title printed): Mindy Harvey	Inspected by (name and title printed): Rob Carr
Received by (signature): <i>Mindy Harvey</i>	Inspected by (signature): <i>Rob Carr</i>
cc:	cc: