



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 ROASTERY	Telephone Number 763 762 (9162	Date of Inspection 10/23/24	ID # 5		
Establishment Address (number and street, city, state, ZIP code) 1603 N WALNUT St. HARTFORD CITY					
Owner STACY BONHAM	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) EDUCATIONAL 	Follow-up YES	Release Date 11/2/24		
Owner's Address 203 N MEADOW LN HARTFORD CITY				Summary of Violations: C — NC — R —	
Person in Charge STACY BONHAM					
Responsible Person's E-mail N/A					
Certified Food Handler NEED - JAN 2025				Menu Type (See back of page) 1 2 X 3 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"

Received by (name and title printed):

Received by (name and title printed).
Stacey Bonham Owner

Received by (signature):

Received by (signature):
Stacey Poon
CC:

~~Inspected by (name and title printed):~~

Baldwin (45)
Interpreted by (signature):

Inspected by (signature):

R. Miller 45

66

CC2

CC: