



**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 Whos Your Coffee Roastery		Telephone Number 765 702 () 9162	Date of Inspection (mm/dd/yr) 7/13/24	ID # 5	
Establishment Address (number and street, city, state, ZIP code) 1603 N WALNUT ST. HARTFORD CITY		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) NEW OWNER	Follow-up	Release Date 7/13/24	
Owner Stacy Bonham			Summary of Violations: C _ NC _ R _		
Owner's Address 203 N MEADOW LN HARTFORD CITY			Menu Type (See back of page) 1 _ 2 X3 _ 4 _ 5 _		
Person in Charge Stacy Bonham					
Responsible Person's E-mail N/A					
Certified Food Handler Mindy Harvey exp 10/21/24					
* 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
			OK to open 7/15/24		
Received by (name and title printed): Stacey L Bonham			Inspected by (name and title printed): R. Williams		
Received by (signature): Stacy Bonham			Inspected by (signature): R. Williams		
CO: <input checked="" type="checkbox"/>	cc:		cc:		