

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 li	mit for cor	rection	of each violation is specified in the narrative portion of the	is report.				
Establishm	1	20C	Outdoor ESCADE	Telephone Number	Date of Inspection (mm/dd/yr) 8/15/2Z		ID#	
Establishm 5 2	ent Addres	s (nun	300 N HARTFALD CHY	()Öwner			2	
OWNER LINDA Stillson				Purpose: 1. Routine	Follow-up Release Date Release Dat			
Owner's A		440	5	2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational C NC R			ons:	
Person in C		L M					R	
	NDA		Stillson	4. Pre-Operational 5. Temporary				
Responsibl	e Person's	E-mail	NA	6. HACCP	Menu Type (See back of page) 12345			
Certified F ム۱	ood Handle	er	Stillson	7. Other (list)				
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I		D IN THE 1	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
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Received by	(signature););	Stillson	Inspected by (signature):	- F	SIU	6US	
cc:			cc:		cc:			