



# 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 <b>BK1313 INC (Pit Stop)</b>	Telephone Number <b>(765) 347-8589</b> <b>(765) 621-0009</b>	Date of Inspection (mm/dd/yr) <b>6/25/24</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>312 N. Walnut HC</b>		Follow-up <b>NO</b>	Release Date <b>7/05/24</b>
Owner <b>Mandeep Singh</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 1 NC 1 R 1</b>	
Owner's Address <b>1212 S. Boots St. Marion</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>Pamela Whitesell</b>	3. Complaint	<b>1 X 2 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>Pamela Whitesell</b>	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
324	C		THE HANDSINK BY 3-BUY THE HOT SIDE DOESNT WORK	TODAY
413	NC	X	REAR DOOR DOESNT HAVE A SELF CLOSURE DEVICE, DOOR OPENS TO OUTSIDE	
			* Moved facility to menu #1 till Oct then facility menu will be menu #2 *	

Received by (name and title printed): <b>Melinda A. Duff</b>	Inspected by (name and title printed): <b>Ryale Carr - EHS</b>
Received by (signature): <b>Melinda A. Duff</b>	Inspected by (signature): <b>Ryale Carr EHS</b>
cc:	cc: