



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: Blackford Golf Club
Telephone Number: (765) 348-0700
Date of Inspection: 6/28/24
ID #: 5
Establishment Address: 1605 W. Water St. HC
Owner: Troy Batten
Purpose: 1. Routine
Follow-up: NO
Release Date: 7/8/24
Owner's Address: P.O. Box 277 Montpelier
Person in Charge: Troy Batten
Responsible Person's Email: N/A
Certified Food Handler: Sophia Stitnicky

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No Violations AT THIS Inspection'.

Received by (name and title printed): X Dick Monroe
Inspected by (name and title printed): [Signature] - EUS
Received by (signature): [Signature]
Inspected by (signature): [Signature] EUS
cc: []