

## 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 parrative portion of this report.

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Establishment Name  SUPON hind #875  Establishment Address (number and street, city, state, ZIP code)						Telephone Number (765-348-9714 315)424-6513	Date of Inspe (mm/dd/yr)		5 s
Owner's Address Owner's Address Person in Charge						Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date  C NC R		
Responsible Person's E-mail  Certified Food Handler							Menu Type (See back of page)  1 2 3 4 5		
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	CHAEL (signature	title printed)	R	SM		inspected by (name and title p	cc:	7US	>