

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.

The time lin	The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishment Name Telephone Number Date of In [mm/dd/yn]					pection ID#		
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Establishment Address (number and street, city, state, ZIP code) (40) 770 16					617	3/14 5	
1700 D. Walnut H							
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VICE SUPPLY						1172	
Owner's Address 2. Follow-up Summary						y of Violations:	
3. Complaint							
Person in C	harge	0		4. Pre-Operational		_ NC R	
5. Temporary							
Responsible Person's E-mail A / A						pe (See back of page)	
NIA						India-	
Certified Food Handler 7. Other (list) 1 2						3 4 5	
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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	
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