

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 the			
Establishment Name Deid Brew	Telephone Number 705347-8546	Date of Inspection (mm/dd/yr)	ID#
Establishment Address (number and street, city, state, ZIP code)	(765) 499-3975	6/25/24	151
1000 W. Washington HC	(100) 417 - 3913	01201-1	a real
Owner T	Purpose:	Follow-up Relea	ase Date
Gordon Jackson	1. Routine	NO 7	se Date 5-Z4
Owner's Address			
I I DI S I D'Ilman II	2. Follow-up	Summary of Violations:	
9aUs William AC	3. Complaint	2 val 2	
Person in Charge	4. Pre-Operational	CNC	R`
Clorain Juli-sor	5. Temporary	Many Type (See heek of page)	
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)	
tun keragan (besig / V/d J og salid edit erssa fir na ærskups ures)	7. Other (list)	mens into atalana (1
Certified Food Handler		12_3_/	<u> </u>
Clordon Jal Lon			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"		= 1
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE NARRATIV	E BELOW AS "R"
Section# C/NC R Narrative			Corrected By
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2) metal container	, ,		
3) PLASTIC CONTAINER			
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Received by (signature):	Inspected by (signature)		
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Blackford County Health Department

506 E Van Cleve St Hartford City IN 47348 Phone (765) 348-4317 Fax (765) 348-3041 dcarr@blackfordcounty.in.gov https://www.in.gov/localhealth/blackfordcounty

Operator Inspection Response

State Form 80047 (2-01) Date: (0126/24
The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford County Health Department on <u>6</u> 252.
Date: 6/26/24 Action Taken by Establishment:
All millowaves cheened Pitcher sanitized Metal container washed and sanitized Plastic container washed and sanitized Container of surplus knives moved to storage Floors swept had surfaced propped Baseboards in dining swept and vaccumed
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days) Name of respondent: Establishment Name: Address: Date Received: