

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.					
Establishm	ent Name	2 1.1212	Telephone Number	Date of Inspection ID #	
Do	llar t	70nera 1#2151	765 303 3962	(mm/dd/yr)	
Establishme 122	ent Addres	(number and street, city, state, ZIP code)	415 855 4000	6/19/29 3	
DO COMO COMO LLC			Purpose:	Follow-up Release Date 29	
Owner's Address			2. Follow-up	Summary of Violations:	
100 11 100 P 100 P VOORFTS VIIIP IN 3. Complaint					
Person in Charge X Rachael Guenin 4. Pre-Operational CNCR					
Responsible Person's E-mail					
6. HACCP					
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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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:				
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>blq zy</u> .				
Date: <u>6/23/24</u> Action Taken by Establishment:				
We have Cleared our aisles of merchandise allowing room for customers to get through.				
We also have gotten our back reorganized & have. Cleared room in order to comfortably walk				
(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)				
Name of respondent: Gregory Gillette Title: Store Manager				
Name of respondent: Gregory Gillette Title: Store Manager Establishment Name: Dollar General # 2157				
Address: 122 S Main St Montpelier, IN 47359				
Date Received: 6/26/24				