

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.

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Establishm	ent Name	71/	100 A M 15 100 1-1	Telephone Number	Date of Inspection ID #							
	£	- Ki	M Cottels Marcet	715729 9447	(mm/dd/yr)							
Establishment Address (number and street, city, state, ZIP code) (574440 1480 619 34												
580 S- Main St. Montpeller												
Owner Purpose: Follow-up Release Date												
HY	1485 6/29/29											
Owner's A	Summary of Violations:											
14	11 - 2 2											
Person in Charge 4. Pre-Operational												
HM COLLET DOLL												
Responsible Person's E-mail Menu Type (See back o												
O A												
Certified Food Handler 1. Other (list) 1 2 3 4 5												
Amanget halr												
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"												
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW AS "R"							
					To Be Corrected By							
Section#	C/NC	R	Narrativ	- A a b	To be corrected by							
187	C		748 PRONT NISDIAY GOV	3 N45, DEEN O	OT FIX							
			OF TEMPERATURE NOT	MAINTAINTIG	41°F Replace							
8 , 1	i natini da	ii nä	OR BELOW, IP) DE	4 FOOD CHICK	TODAY							
			SMAD 50°F PATE SA	1 1000	00.00							
			100 10000	Paul Stark	1.700							
			Meat (processed) 574	KAW STEAK =	P (+							
			ALL MOVED TO WAY									
295	C		THE KNIG BUDER BETWEEN CUTTING BOOKEDS TODAY									
		15 socies with food debris 2) BAND SAW										
	Will a	N 6		AS RAW food de	1							
274	0	0010			A W							
251	<u> </u>	D7	LEAK AT A SHUT OFF VALUE howing a TODAY									
			SPRAYER NOSE, ALSO A LAK BETWEEN									
			MANDSINK AND PREPOTable DELL AREA									
			Roth DRE WATER LET	465								
295	C		ZNO MEAT SLICER STO	PATO AS C/1840	Son 60 TODAM							
015			with food debris CNOT		100.00							
			WITH TEDA DEBIRES CHOI	10 00g)								
		-> 4		Λ Λ								
		X	When tood Display	CASE 15 416	67)							
			CALL HEACTU TOGOT !	GOR ANOTHOT								
			INSPECTION TO VERIF	N COSE TENLO	Control							
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Received by (signature)												
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			1									



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

Date: 6/25/24

Operator Inspection Response

State Form 80047 (2-01)

	The following is a response to the inspection report Executed by the Blackford County Health
	The following is a response to the inspection report exceeded by the Plackford County Health
	Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health
	Department on 6/9/29.
	elle - le man The Later Highworth
	Date: 6/25/54 Action Taken by Establishment:
187	- Display case back to temperature Called
	refregation man from tailford, Steve thouse
<u> </u>	
293	- Knife toolder cleaned thoughedy
724	- Treed leak
295	- Cleange meat slice and dalker to employed
, , ,	
to the second	Celso cleaned Louis Sans and Lalked to engloyees
	Cleanal (Nol behing sow than sent
œ.	The Deeper better + talked to employeer
	17 - O chance I get had been in cert
	En la controlator from sink clear of food debrise
	80
	(Please forward this form to the Blackford County Health Department by mail/fax within 10
	days)
	Name of respondent: Mark Ferrial Title: Worker
	of the state of th
	Establishment Name:
	Address: 5805, Main
	Data Bassinde 6/19 /24
	Date Received: Of 12 / 27



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The time iii	int for cori	ection	of each violation is specified in the narrative portion of this	s report.					
Establishme			COFFELS MARKET	Telephone Number	r) ID #				
	N IV I		WHEES THANKE	100	1.17	Inchail	5		
Establishme	ent Addres	s (nun MA	mber and street, city, state, ZIP code) NOW ST. MONTDELLE IN	(9)447	1012	0/24			
Owner /				Purpose:	Follow-up Release Date				
A	MAI	NK	et KAIR	1. Routine	No 6/30/24				
Owner's Ac	ddress	4	Huma Way FISHERS, Du	2. Follow-up 3. Complaint	Summary of Violations:				
Person in C		10	, , , , , , , , , , , , , , , , , , , ,	4. Pre-Operational C NC R_			R		
X/		7	The state of the s	5. Temporary					
Responsible	e Person's	E-mat	No. 1 American and the second second	6. HACCP	Menu Ty	Menu Type (See back of page)			
) basheru	ung .	NIA.	7. Other (list)	101	- V			
Certified F	od Handle	ir In	Kest Kale	7. Other (ast)	12	3 X	4 5		
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE	NARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative		Mi	To Be Co	rrected By		
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