



**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.

Establishment Name EKM Coffel's Market	Telephone Number 765-729-9447 (574) 440-1480	Date of Inspection (mm/dd/yr) 6/19/24	ID # 5
Establishment Address (number and street, city, state, ZIP code) 580 S. Main St. Montpelier	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input checked="" type="radio"/> 7. Other (list) * Follow-up SEE NOTE	Follow-up YES	Release Date 6/29/24
Owner Amankeet Kalr	Owner's Address 14836 Autumn Way Fishers IN	Summary of Violations: C 4 NC 0 R 0	
Person in Charge Amankeet Kalr	Responsible Person's E-mail N/A	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Amankeet Kalr			

- 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
187	C		THE FRONT DISPLAY CASE HAS BEEN OUT OF TEMPERATURE NOT MAINTAINING 41°F OR BELOW, (P) DELI FOOD CHICKEN SALAD 50°F, Potato Salad 49°F, Cheese Meat (processed) 57°F Raw Steak 47°F ALL MOVED TO WALK IN COOLER	FIX / Replace TODAY
295	C		THE KNIFE HOLDER BETWEEN CUTTING BOARDS IS SOILED WITH food debris 2) BAND SAW presented as clean has Raw food debris on.	TODAY
324	C		LEAK AT A SHUT OFF VALVE holding a SPRAYER HOSE, ALSO A LEAK BETWEEN HANDSINK AND PREP table DELI AREA BOTH ARE WATER LEAKS	TODAY
295	C		2ND MEAT SLICER STORED AS clean, Soiled with food debris (NOT IN USE)	TODAY
			* when food Display CASE IS fixed CALL HEALTH DEPT FOR ANOTHER INSPECTION TO VERIFY CASE TEMP CONTROL	*

Received by (name and title printed): X	Inspected by (name and title printed): H. Adell - BUS	
Received by (signature): X	Inspected by (signature): H. Adell - BUS	
cc:	cc:	cc:



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: 6/25/24

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford County Health Department on 6/19/24.

Date: 6/25/24 Action Taken by Establishment:

187 - Display case back to temperature called refrigeration man from Hartford Steve Thomas

295 - Knife holder cleaned thoroughly

324 - Fixed leak

295 - Cleaned meat slicer and talked to employees

Also cleaned food service and talked to employees

Cleaned wall behind saw & hand sink

Cleaned oven better & talked to employees

Dish cleaned but had been in use

Employees told to keep sink clear of food debris

(Please forward this form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Mark Lewis Title: Worker

Establishment Name: Coffels Market

Address: 580 S. Main

Date Received: 6/19/24



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Establishment Name EKM - COFFEES MARKET		Telephone Number 765 729 9447		Date of Inspection (mm/dd/yr) 6/20/24	ID # 5
Establishment Address (number and street, city, state, ZIP code) 580 S. MAIN ST. MONTPELIER, IN		Owner A MARKET KAIR		Follow-up NO	Release Date 6/30/24
Owner's Address 14836 Autumnway FISHERS, IN		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Summary of Violations: C ___ NC ___ R ___	
Person in Charge X		Responsible Person's E-mail NIA		Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Certified Food Handler A MARKET KAIR					

- 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
			Display Case open to use CONTRACTOR MADE REPAIRS	6/20/24

Received by (name and title printed): X GCR		Inspected by (name and title printed): R. Balaban EHS	
Received by (signature): X		Inspected by (signature): R. Balaban EHS	
cc:	cc:	cc:	