



**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 Elks 625		Telephone Number (765) 348-9953		Date of Inspection (mm/dd/yr) 6/25/24	ID # 5
Establishment Address (number and street, city, state, ZIP code) 3104 N. Walnut HC		Telephone Number (765) 499-1156			
Owner Ed Blevins		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up NO	Release Date 7-5-24
Owner's Address 12 N. Shamrock Rd HC				Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Ed Blevins				Menu Type (See back of page)	
Responsible Person's E-mail N/A				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler Brian Blevins					

- 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (name and title printed): Ed Blevins		Inspected by (name and title printed): Ed Blevins EHS	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	