



# 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 <i>Hartford City Meat &amp; Deli</i>	Telephone Number <i>765 347-8503</i>	Date of Inspection (mm/dd/yr) <i>6/25/24</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>1602 N. Walnut St. HC</i>	<i>765 730-5169</i>		
Owner <i>Nicholas Bonvillian</i>	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>7-5-24</i>
Owner's Address <i>No Lakeview Ct. HC</i>		Summary of Violations:  <i>C - NC 1 R -</i>	
Person in Charge <i>Nicholas Bonvillian</i>		Menu Type (See back of page)  <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Nicholas Bonvillian</i>			

• 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/N/C	R	Narrative	To Be Corrected By
<i>138</i>	<i>NC</i>		<i>Employee preparing food WITHOUT A BEARD GUARD</i>	<i>Immediately Corrected</i>

Received by (name and title printed): <i>x Nick Bonvillian</i>	Inspected by (name and title printed): <i>Hallett - 545</i>
Received by (signature): <i>x [Signature]</i>	Inspected by (signature): <i>[Signature] 545</i>
cc:	cc:
cc:	cc: