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: LA PALMA RESTAURANT	Telephone Number: (765) 348 0040	Date of Inspection (mm/dd/yr): 8/22/24	ID #: 5
Establishment Address (number and street, city, state, ZIP code): 1226 N WALNUT ST. HARTFORD			
Owner: LUCIO RENDON	Purpose: 1. Routine	Follow-up: NO	Release Date: 8/1/24
Owner's Address: 4050 N CROTEN DR - MARION	2. Follow-up	Summary of Violations: C 1 NC — R —	
Person in Charge: ROBERTO ORTIZ	3. Complaint		
Responsible Person's E-mail: N/A	4. Pre-Operational		
Certified Food Handler: LUCIO RENDON	5. Temporary	Menu Type (See back of page): 1 2 3 X 4 5	
	6. HACCP		
	7. Other (list)		

• 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
129	C		PUTTING ON GLOVES WITHOUT FIRST WASHING HANDS (2 EMPLOYEES)	CORRECTED
NOTE:		*	FLOOR IN KITCHEN NOT COMPLETED PER LAST INSPECTION. ROBERTO ASK FOR EXTENSION of 30 days *	

Received by (name and title printed): * Roberto Ortiz	Inspected by (name and title printed): B Walker - EHS
Received by (signature): * Roberto Ortiz	Inspected by (signature): B Walker EHS
cc:	cc:
	cc: