



**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>Needlers Fresh Market #1925</i>	Telephone Number <i>(765) 348-3399</i>	Date of Inspection (mm/dd/yr) <i>6/18/24</i>	ID # <i>5</i>
Establishment Address (number and street, city, state, ZIP code) <i>1711 N. Walnut St. HC</i>	() Owner	Follow-up <i>No</i>	Release Date <i>6/28/24</i>
Owner <i>GG IF Indiana LLC</i>	Purpose: 1. Routine <i>(circled)</i> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 1 R 0</i>	
Owner's Address <i>317 W. Main Cross St. Findlay OH</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Mark Hendell</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Mark Hendell</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/NC	R	Narrative	To Be Corrected By
			<i>DELI</i>	
<i>295</i>	<i>C</i>		<i>THE FOLLOWING FOOD CONTACT SURFACES ARE SOILED WITH DEBRIS</i>	<i>TODAY</i>
			<i>1) CHEESE SLICER SOILED NOT IN USE</i>	<i>↓</i>
			<i>2) MICROWAVE GE IS CHIPPING ON INSIDE AND IS HEAVILY SOILED.</i>	<i>REPLACE IMMEDIATELY</i>
			<i>3) BOTH CUTTING BOARDS FOR TOPPING OF BAKED GOODS</i>	<i>TODAY</i>
			<i>4) CAN OPERATOR / BLADE HAS METAL DEBRIS</i>	<i>↓</i>
<i>307</i>	<i>NC</i>		<i>HOOD VENTS MISSING ON BOTH SIDES OF HOOD USED FOR DEEP FRYING</i>	<i>TODAY</i>
			<i>* NEEDS MORE TRAINING FOR NEW / EXPERIENCED EMPLOYEES *</i>	

Received by (name and title printed): <i>X MARK HENDSEL</i>	Inspected by (name and title printed): <i>Krahn - EUS</i>
Received by (signature): <i>X Mark</i>	Inspected by (signature): <i>Krahn EUS</i>
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: 6/19/24

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: 6/19/24 Action Taken by Establishment:

- (1) MICROWAVE IN NEEL HAS BEEN REPLACED
- (2) CUTTING BOARDS HAVE BEEN CLEANED
- (3) CAN OPENER HAS BEEN CLEANED
- (4) CHEESE SLICER HAS BEEN CLEANED

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

Name of respondent: MARK HENRIEL Title: STORE DIRECTOR

Establishment Name: NEEDLERS FRESH MARKET

Address: 1711 N. WALNUT ST. HARTFORD CITY, IN 47348

Date Received: _____