

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 timit for correction of each violation is specified in the narrative portion of this report.									
Establishmo	ent Name	July 100 Acco	Telephone Number	Date of Inspection ID # (mm/dd/yr)					
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Establishment Address (number and street, city, state, ZIP code) 11									
Owner	chaela	Sendre	Purpose:	Follow-up Release Date					
Owner's Ac	ddress	1665 110	2. Follow-up	Summary of Violations:					
54-	71 E	. 1003.HC	3. Complaint	7 2 8					
Person in Charge A. Pre-Operational C. NC R.									
	WILL	wew sanaor	5. Temporary						
Responsible	e Person's I	G-mail	6. HACCP	Menu Type (See back of page)					
C-45-1E		NH	7. Other (list)	1 \(\sigma 2 \) 3 4 5					
Certified Fo	ood Handle ∫ <u>A</u>	DEP CURRENT CODE							
- CRITICAL	ITEMS AD	DOR GOTTO	NS MARKED "C"						
• 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	Sal- 0 200	To Be Corrected By					
254	NG	1-BOX STRAWS (BOX	2010 CVP5	Jacobs					
	9.5	1-1300 C1105 SETTION	ug DIRBOTT	Y					
1.78	i midfruss	on Hoop	full muser it with our for your	(" lotta					
173	C	ICE SCOOD STORED IN A CUD WITH , AA							
		DIRTY WATER.							
* - ·		ALSO PERSONAl Good Hems & Ketchup 10							
		EES STOPED WITH CONDITIONS USED OF							
		AT THIS EACH THY (MIK preducts on IN HEMA)							
		C							
295	_	TACITY TE TRIDGE BLANDE							
213	0	measuring cop, measuring (of							
		Spoon Steres As clean in A							
		DRAWER WITH Clean Single SERVICE							
		ITEMS: IE Plastic Speons, Stirring							
		STRIWS ect.	1	5					
194	ے ا	CHECKED SANITUSER IN A Clearisy							
19	DON AND MEASURED & PPM INSTEAD								
		87 Manufactures Requirement							
1176	NC	D - 10 D - 10							
720									
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Establishment Address (number and street, city, state, ZIP cade) 1 4 F									
Owner	CALAL	7/	1 SANDOE	Purpose:	Follow-up Release Date 10130/24				
Owner's A	ddress .	-10	00 5 HARTKORN City	2. Follow-up 3. Complaint	Summary of Violations:				
Person in C	Charge CHAO	-ZA	SAMDOE	4. Pre-Operational	C NC R				
Responsible	e Person's	E-mail	Lates Fring to Penspire in Landau etc.	5. Temporary 6. HACCP	Menu Type (See back of page)				
Certified F	ood Handle	r (/	to be stories of Louis and	7. Other (list)	$1 \times 2 3 4 5$				
NH	A pe	R	Corrent Meny	- 					
			TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN						
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN					
Section#	C/NC	R	Narrative		To Be Corrected By				
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			Corrections v	NADE	and the second second				
			PER PREVIOU	S INSPE	-010/1				
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