

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 lin	nit for corr	ection	of each violation is specified in the narrative portion of this					
Establishm	ent Name			Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
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Establishme	ent Address	s (nun	nber and street, city, state, ZIP code)	() Overer	6/19	124	5	
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JULY	441	10	really 100		Summary of Violations:			
Owner's Ac	gress	11	285 Darland IX	2. Follow-up	Summary of Violations:			
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Responsible	e Person's l	E-mai	1) /n area are are severe and area and were an	6. HACCP	Menu Typ	ie (See bac	k oj page)	
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Certified Food Handler (A)							2 3 1 4 5	
CDITICAL	ITEMS AD	EIDE	TOOL COLOUR LAND	ARKED "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"								
• VIOLATIO	ON(S) REPE	ATED		MMARY OF VIOLATIONS" AN	DINTHEN			
Section#	C/NC	R	Narrative	3		To Be Co	orrected By	
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