

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishm PiZZ Establishm	2a Hu	+ C (number (1) C	DF Hartford City ben and street, city, state, ZIP code) UNUT	Telephone Number (745 348 2000) 240 436 7100	Date of Inspection (mm/dd/yr) 6/18/2	
Owner	ochn.	· 1	Tracked	Purpose:	1 1 10	ease Date
Owner's Address				1. Routine	NO 16/28/24	
20211 Born St Sto 400 FW/11				2. Follow-up	Summary of Violations:	
Person in C	harge	20	19 07. 0.1 100 1 00 110	Complaint Pre-Operational	C NC	R
Hustin Martin				5. Temporary		
Responsible Person's E-mail				6. HACCP Menu Type (See back of page)		back of page)
C	117711-		JVIH	7. Other (list)	1 2 1 3	1 5
Certified Food Handler 1 2 \(\) 3 4 5						
• 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			Corrected By
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W 111						
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Received by (name and title printed):						
P Austin Martia						
Received by (signature): Inspected by (signature):						
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