

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.

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Establishme	Name D. Z	7G	King #23	Telephone Number 745 348-1388	Date of Inspection (mm/dd/yr) ID #		ID#
Establishmo	ent Addres	s (nur	nber and street, city, state, ZIP code	7652893321			5
Owner	lhu	05/1	ments INC	Purpose:	Follow-up Release Date Nb 6/30/24		
Owner's Ad	Idress ()	01	relling Aug Muncie IN	2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	harge)(\	i W	ilson	4. Pre-Operational C NC		_ R	
Responsible	Person's	E-mai	NH	5. Temporary 6. HACCP	Menu Type (See back of page)		
Certified Fo	od Handl	er AP	Storer	7. Other (list)	12	_3 X	45
• 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	,			rrected By
431	NC		Floor UNDER EQUI	pment hear	orly	T	DRAY
	i walled	autos	SOILED WITH FOOD 6	Debris.	(
	1,4 1,59	Dq oò		2004	- 1	CA	- 11.1
187	C		THIS PLOOP COOLER (p)	Rep 4NE 1		Werk	called
		Ĺ	Mars Marson Marson	dist to 2	ello V	MIN	tenener
		A	Contract in Kasat	a Journa	410		
			and is also using is	alk w Con	201X		
				Teves I Desperation			***************************************
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Received by	(name and			Inspected by mame and little p		(<u> </u>	/
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Received by	(signature): 人	win	Inspected by (signature):	n E	45	
cc:			co:		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: 6-20-24
The following is a response to the inspection report Executed by the Blackford County Health
Departments Food Safety Officer/EHS <u>R Dale Carr</u> from the Blackford County Health
Department on 6/20/24.
Date: <u>6-20-24</u> Action Taken by Establishment:
We right away moved all food frombodon pie unit to our other one and some
in our coster. Dur Maintenance came vight away and fixed our unit, and we've
base Konside up on watching the term protuces in it. We also clowed the units
inside and act that drey and everying ht since. Including the green, black rack
and the contract of the aniel of the
The dishurashor above and all aroundwascheaned and all that area. The dinky and clean
dishrarks and wall under and behind was aloaned. Maintenance come and puta nice
devider between dish table and mop sink.
Shiftleadarin charge cleaned and sanitized their machein and area inside and are
We march everything out that high tand swept and marked pound
and under Since then we have had a professional + low cooner come curi all o
Kitchon and din ningroomfloors. Now we will keep up on them.
(Please forward this form to the Blackford County Health Department by mail/fax within 10
days)
Name of respondent: Tonga Bilbrey Title: General Manager Establishment Name: Pizza King #33
Establishment Name: Pizza King #23
Address: 1705 N Walnut Hartford City IN 47348
Date Received: