

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 in	int for cor	rection	n of each violation is specified in the harranive portion of thi	з героги		
Establishment Name P. 779 King # 79				Telephone Number (765728, 8241	Date of Inspection (mm/dd/yr)	100 Marco 10000
Establishmo	ent Addres	ss (nur	inberald street, city, state, ZIP code)	Owner	6/19/20	7 5
Owner	Stor	In	(Purpose: T. Routine	Follow-up R	lelease Date 6/29/24
Owner's Address Wholing Ave Muncie IN				Follow-up Complaint	Summary of Violations:	
Person in C	b 04	a	Stotlar	4. Pre-Operational 5. Temporary		$\mathbb{C} \mathbb{Q}_{\mathbb{R}} \mathbb{Q}$
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cc:			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: 001912024

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: 0019 2024 Action Taken by Establishment: (Please forward this form to the Blackford County Health Department by mail/fax within 10 days) Name of respondent: Mara Williams Title: General Manager Establishment Name: PIZZQ King Address: Date Received: