

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.

The time finite for correction of each violation is specified in the marrative position of time reports							
Establishme	nt Name	1/2	L. Ha Land O'tes 3/70	576 4744	Date of Inspection ID # (mm/dd/yr)		
-	MY T	10	T TILLTONA CITY	1107 7/129	1/01-1 5		
Establishmo	ent Addres	s (nur	nber and street, city, state, ZIR code) (317)	407 7429	6/18/2		
Ownen O Follow-up Release Date							
W	ll	M	analp 1. Rou	itine	ES 6/28/24		
Owner's Ad	3U	1h	Anit Hill Ct Fishers IN 3. Com		Summary of Violations:		
Person in C	harge		10 110T 1111 (7 - 10)1113 1/U 3. Con		c5 $NC3$ R		
SA	1 MASS	tot		Operational			
Responsible	Person's	E-mai	1 1 1 / 10		Menu Type (See back of page)		
	Ivis me		6. HAO	er (list)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Certified Fo	ood Handle	S	IVA () C (MER	SED TIL	$\begin{bmatrix} 1 \\ \end{bmatrix}$ $\begin{bmatrix} 2 \\ \end{bmatrix}$ $\begin{bmatrix} 3 \\ \end{bmatrix}$ $\begin{bmatrix} 4 \\ \end{bmatrix}$ $\begin{bmatrix} 5 \\ \end{bmatrix}$		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" CICCURO							
• 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		То	Be Corrected By	
173	C		SEL SERVICE EQUIPMENT hA	s fully a	xoked .	TODAY	
			Sausage & KEEZBASA STORE	D UNDET	ح		
	nucleur	45	RAW BACON				
			MEAT ROOM				
173	C		RAW MERT ON PAPERTOWE DISPONSER, TODAY				
795	C		RAW MEAT ON TENDERIZER EQUIPMENT TODAY				
270			DAT CUTTING BOARD				
			RAW MEAT IN WASHIRINSE BAYS OF 3BAY				
			BINK AND Plastic WRAP IN WASH BAY				
345	C		RAW MEAT IN HAND 51NK				
324	C		THE HZO SUPPLY IS NOT WORKING FOR HOT COLD HANDSINK				
			THE H20 SUPPLY IS NOT WORKING FOR 3-BAY-COLD SIDE				
347	NC		NO PAPERTOWE IN PAPER TOWE DISPENSER				
278	NC		Soiled wiping cloth Laying on LEDGE of				
200			THE HANDSINE				
431	NC		FLOOR SOILED UNDERTABLES				
101	X	X	MEAT ROOM CLOSED TILL EHS INSPECTS				
	70	71-	AFTER MEAT ROOM FIXES ABOVE LIST.				
* MEAT ROOM LEST AS CLEAN TILL NEXT WARKING DAYS							
Received by (name and title printed): Inspected by (name and title printed):							
Soval Hill Klaskun-EUS							
Received by (signature): Inspected by (signature):							
donals out							
cc:							



Blackford County Health Department

Fax # 765-348-3041

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Operator Inspection Response	11-1-1
State Form 80047 (2-01)	DATE: 6/18/24
The following is a response to the inspection of Health Departments Food Safety Officer/EHS Department on 10/18/24	report Executed by the Blackford County R Dale Carr from the Blackford Health
Date: Action Taken by Establishment	
Called to complete pic called to composite offer as stree manages. Ports one in back for si did not show up and	for clean-up was called
(Please forward this Form to the Blackford Con 10 days) Name of respondent:	2
Establishment Name: Blackford Con	inte foods UC
Address: 7965 E. 106 th St.	Frehew, In 46038