

## 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	5.10po.11	
Establishment Name  TACO BE 11 # 23 138	Telephone Number	Date of Inspection ID #
Establishment Address (number and street, city, state, ZIP code)	( ) 203 3	6/18/24
Owner	Purpose:	Follow-up Release Date
Owner's Address	1. Routine 2. Follow-up	Summary of Violations:
688 E Milsap Str. 200 Fray trille AR	3. Complaint	C NC R
BRIAN ERB	4. Pre-Operational 5. Temporary	
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
Certified Food Handler BRIAN ERB	7. Other (list)	12_X345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	
Section# C/NC R Narrative		To Be Corrected By
295 NC RACK ABOVE SOUTH PO	RED ANE,	Soiled JODAY
X WITH FOOD DEBRIS, ALS	o przza w	aemer
		a r
	3 (1	
	and the second s	
The second secon	E TOP A SECOND	derte
	1 1 1	
X HVAC FIXED COMPAINT CONFIRMED		
AND IS CLOSED 6/18/24 BY BCHD-EUS X		
THE PARTY WHEN THE PARTY OF THE		
Received by (name and title printed):	Inspected by (name who title)	of interfer
Brian Erb RGM	Plate H	a - EUS
Received by (signature):	Inspected by (signature):	n - E45
cc: co:	Jour S	cc: