



Retail Food Establishment

Inspection Report

State Form 48669 (R2/2-05)

SDH Form 51-0001

Hendricks County Health Department

Telephone (317) 745-9217

Fax (317) 745-9218

Based on the 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.

Establishment Name Steel Dynamics Cafeteria	Telephone Number Est 317-892-7000	Date of Inspection 02/29/2024 11:12 am	ID# 1023
Establishment Address 8000 N 225 E, Pittsboro IN 46167			
Owner Steel Dynamics	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up NO	Released 03/10/2024
Owner's Address		Menu Type 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in Charge Lory Burkert			
Responsible Person's Email			
Certified Food Handler Lory Burkert	Exp. 04/25/2027		

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 COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
			No violations noted at the time of inspection.	
		0		

Summary of Violations C ___ NC ___ R 0

Received by (name and title printed):

Reviewed w/person-in-charge

Inspected by (name and title printed):

BRIAN PORTWOOD

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: