Retail Food Establishment



Inspection Report State Form 48669 (R2/2-05) SDH From 51-0001

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 Chick-Fil-A					Telephone Number Est	Date of Inspection 06/22/2024	ID#
Establishment Address						01:00 pm	1053
Owner Christopher Spires					Purpose <u>X</u> Routine Follow-up Complaint Pre-Operational Temporary	Follow Up NO	Released 07/02/2024
Owner's Address						Menu Type 1 <u>X</u> 2 <u>3</u> 4 <u>5</u>	
Person in Charge Michelle							
Responsible Person's Email					HACCP Other (list)		
Certified Food Handler Chris Spires ServSafe			Safe	Exp. 05/15/2027			
CRITICAL ITEMS ARE IDENT	IFIFD IN THE CHE		ND NARRATIVE COLLIMN				
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 NARRAIVE COLUMN MARKED AS "R"							
Section # C/NC R Narrative To Be Corrected							e Corrected By
@Crestpoint Community AppreciationNo violations noted at time of inspectio							
					an. 		
	0						
Summary of Violations C NC R O							
Received by (name and title printed):					Inspected by (name and title printed):		
Review with person-in-charge					LISA CHANDLER		
Received by (signature):					Inspected by (signature):		
cc: cc:					•	cc:	