



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 Gordon Family Farm	Telephone Number Est	Date of Inspection 02/05/2025 04:15 pm	ID# 1604
Establishment Address ,			
Owner Amanda Gordon	Purpose <u>X</u> Routine ___ Follow-up ___ Complaint ___ Pre-Operational ___ Temporary ___ HACCP ___ Other (list)	Follow Up NO	Released 02/15/2025
Owner's Address		Menu Type 1 <u>X</u> 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge Amanda Gordon			
Responsible Person's Email			
Certified Food Handler Exempt by menu	Exp.		

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 time of inspection.	
		0		

Summary of Violations C ___ NC ___ R 0

Received by (name and title printed):

Amanda Gordon

Inspected by (name and title printed):

LISA CHANDLER

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: