

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.

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Establishment Name J&J A Taste of Home Catering					Telephone Number	Date of Inspection 08/23/2024	ID#	
Establishment Address						06:45 pm	1971	
,								
Owner Tony Coleman					Purpose X Routine	Follow Up NO	Released 09/02/2024	
Owner's Address					Follow-up Complaint	Menu Type  1 X 2 3 4 5_		
Person in Charge Juanita Coleman					Pre-Operational Temporary			
Responsible Person's Email					HACCP Other (list)			
Certified Food Handler Exp.								
Juanita Coleman Always Food Safe 02/23/2027								
CRITICAL ITEMS ARE IDENT	TFIED IN THE CHE	CKLIST A	AND NARRATIVE COLUMN	NS 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 B	e Corrected By	
			No violations a	at the time of inspection.				
0								
Summary of Violations C NC R0								
Received by (name and title printed):					Inspected by (name and title printed):			
Reviewed w/person-in-charge					BRIAN PORTWOOD			
Received by (signature):					Inspected by (signature):			
cc: cc:						cc:		