Retail Food Establishment Inspection Report

State Form 48669 (R2/2-05)
SDH From 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	**Telephone Number**	**Date of Inspection**	**ID#**
Travelin' Tom's Coffee Truck	Est	04/27/2024 04:50 pm	2018
Establishment Address ,			
Owner Tim Valiant	**Purpose** __X__ **Routine**	**Follow Up** NO	**Released** 05/07/2024
Owner's Address	___ **Follow-up**		
Person in Charge Tucker Vanderwielen	____ **Complaint** ___ **Pre-Operational**	**Menu Type**	
Responsible Person's Email	____ **Temporary** ____ **HACCP**	**1**__ **2**__X__ **3**__ **4**__ **5**__	
Certified Food Handler **Exp.**	___ **Other (list)**		

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 By
			@Indy Hood Rats Vin ending in 0325 No violations noted at time of inspection.	
		0		

Summary of Violations **C** _____ **NC** _____ **R** **0**

Received by (name and title printed):	Inspected by (name and title printed):
Person in charge	MATT WILLIAMS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: