

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 Hankins Farms | | | | | Telephone Number | Date of Inspection 02/21/2024 | ID# |
|---|---------------|--------|-----------------|-----------------------------|--|----------------------------------|----------------|
| Establishment Address | | | | | | 04:00 pm | 2104 |
| Owner Jennifer Hankins/Jason Hankins | | | | | PurposeX_ Routine | Follow Up NO | Released |
| Owner's Address | | | | | Follow-up Complaint | Menu Type 1_X_2345 | |
| Person in Charge Jennifer Hankins | | | | | Pre-Operational Temporary | | |
| Responsible Person's Email | | | | | — HACCP — Other (list) | | |
| Certified Food Handler Exp. | | | | | | | |
| | | | | | | | |
| CRITICAL ITEMS ARE IDENT VIOLATION(S) REPEATED FR | | | | | N THE NARRAIVE COLUMN MARKED AS "R" | | |
| Section # | C/NC | R | Narrative | | | То В | e Corrected By |
| | | | No violations r | noted at time of inspection | on. | | |
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| Summary of Viola | tions | c _ | NC . | R <u>0</u> | | 1 | |
| Deceived by (name | and title see | ntad). | | | Increated by frame and title | nrinted): | |
| Received by (name and title printed): Jennifer Hankins | | | | | Inspected by (name and title printed): LISA CHANDLER | | |
| Received by (signature): | | | | | Inspected by (signature): | | |
| | | | | | , | | |
| cc: ce: | | | | | | | |