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 The Spark Mobile					Telephone Number	Date of Inspection 05/23/2024	n ID#
Establishment Address						10:28 am	2136
Owner Suni Johnson					Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow Up NO	Released 06/02/2024
Owner's Address						Menu Type 1 2 <u>X</u> 3 4 5	
Person in Charge Jeff Shields							
Responsible Person's Email							
Certified Food Handler Exp. Norman Shields ServSafe 12/08/2026							
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				
291	NC	0		ernary ammonium test st are the concentration of s	Тос	ay	
Summary of Violations C <u>0</u> NC <u>1</u> R <u>0</u>							
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:	