



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 The Spark Mobile	Telephone Number Est	Date of Inspection 06/24/2024 12:00 pm	ID# 2136
Establishment Address ,			
Owner Sunni Johnson	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up NO	Released 07/04/2024
Owner's Address		Menu Type 1__ 2_X 3__ 4__ 5__	
Person in Charge Jeff Shields			
Responsible Person's Email			
Certified Food Handler Norman Shields	Exp. 12/08/2026		
	ServSafe		

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
			A pre-operational was conducted on a new mobile unit with VIN ending in 3180. Mobile meets health code regulations. Permit 2136 is transferred to the new unit.	
		0		

Summary of Violations C ____ NC ____ R 0

Received by (name and title printed):

Jeff Shields

Inspected by (name and title printed):

LISA CHANDLER

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: