



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 GI Acres LLC | Telephone Number Est | Date of Inspection 06/05/2024 04:00 pm | ID# 2168 |
| Establishment Address , | | | |
| Owner John Gilbert | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up NO | Released |
| Owner's Address | | Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Person in Charge John Gilbert | | | |
| Responsible Person's Email | | | |
| Certified Food Handler Exp. | | | |

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 |
|-----------|------|---|--|--------------------|
| | | | No violations noted at time of inspection. | |
| | | 0 | | |
| | | | | |

Summary of Violations C NC R 0

Received by (name and title printed):

John Gilbert

Inspected by (name and title printed):

LISA CHANDLER

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: