



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 Rmy's Restaurant/Food Truck	Telephone Number Est	Date of Inspection 02/10/2024 10:00 am	ID# 2169
Establishment Address ,			
Owner Maggie Fuqua & Yolanda Johnson	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 02/20/2024
Owner's Address		Menu Type 1__ 2__ 3 <input checked="" type="checkbox"/> 4__ 5__	
Person in Charge Yolanda Johnson			
Responsible Person's Email			
Certified Food Handler Yolanda Johnson	Exp. 09/28/2025		

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. @I Have A Dream event, Washington Township Park	
		0		

Summary of Violations C ____ NC ____ R 0

Received by (name and title printed):

Yolanda Johnson

Inspected by (name and title printed):

LISA CHANDLER

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: