

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 Goldie's LLC					Telephone Number	Date of Inspection 06/14/2024	ID#
Establishment Address						06:15 pm	2173
,							
Owner Shelby House					Purpose X Routine	Follow Up NO	Released 06/24/2024
Owner's Address					Follow-up Complaint Pre-Operational Temporary	Menu Type 1 2 X 3 4 5	
Person in Charge Shelby House							
Responsible Person's Email					HACCP Other (list)		
Certified Food Handler Exp.							
Shelby House ServSafe 03/28/2027							
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CDUTICAL VIEW CARE IDENT	WEIGH BUTHE OUT	OVI IOT	ND MADD ATTAC COLUD	IG MADWED HOW			
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 #						To B	e Corrected By
					_		
			No violations r	at time of inspection	on. 		
		0					
Summary of Viola	tions	c _	NC _	R <u>0</u> _			
Summary of Viola Received by (name				R <u>0</u>	Inspected by (name and title	printed):	
-				R <u>0</u>	Inspected by (name and title LISA CHANDLER	printed):	
Received by (name Shelby House	and title pri			R <u>0</u> _	LISA CHANDLER	printed):	
Received by (name	and title pri			R <u>0</u> _		printed):	
Received by (name Shelby House	and title pri			R <u>0</u>	LISA CHANDLER	printed):	