



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 Gumption Chef LLC	Telephone Number Est	Date of Inspection 04/04/2024 11:06 am	ID# 2203
Establishment Address ,			
Owner Sean Walker	Purpose <u>X</u> Routine ___ Follow-up ___ Complaint ___ Pre-Operational ___ Temporary ___ HACCP ___ Other (list)	Follow Up NO	Released 04/14/2024
Owner's Address		Menu Type 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Person in Charge Sean Walker			
Responsible Person's Email			
Certified Food Handler Sean Walker	Exp. ServSafe 01/09/2028		

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
345	C	0	The hand sink was excessively soiled. Chemical spray bottles and wet wiping cloth were stored in hand sink basin.	Corrected
214	NC	0	Cutting board of prep-top cooler is heavily scored.	One Week
295	NC	0	An accumulation of dry food debris and grease was found on door and door handle of prep-top cooler.	Today
310	NC	0	An accumulation of grease was observed on the hood ventilation system.	One Week
431	NC	0	An accumulation of food debris and grease was observed throughout floors and walls.	Today

Summary of Violations C 1 NC 4 R 0

Received by (name and title printed):

Person in charge

Inspected by (name and title printed):

YOCELI PALAFOX

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: