

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 Wing'N Out LLC   |      |   |                              |      | Telephone Number   | Date of Inspection<br>08/22/2024 | ID#                    |  |
|---|------|---|------------------------------|------|--|----------------------------------|------------------------|--|
| Establishment Address   |      |   |                              |      |  | 11:10 am                         | 2282                   |  |
| Owner Jamie Chatham   |      |   |                              |      | Purpose X Routine  | Follow Up<br>NO                  | Released<br>09/02/2024 |  |
| Owner's Address   |      |   |                              |      | Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Menu Type 1 2 3_X_ 4 5           |                        |  |
| Person in Charge Jamie Chatham  |      |   |                              |      |  |                                  |                        |  |
| Responsible Person's Email  |      |   |                              |      |  |                                  |                        |  |
| Certified Food Handler Exp.  Jamie Chatham Food Protection Manager 04/07/2028 |      |   |                              |      |  |                                  |                        |  |
| CRITICAL ITEMS ARE IDENT<br>VIOLATION(S) REPEATED FF                          |      |   |                              |      | N THE NARRAIVE COLUMN MARKED AS "R"                              |                                  |                        |  |
| Section #   | C/NC | R | Narrative To Be Corrected By |      |  |                                  |                        |  |
|   |      | 0 | @ Lineman Ro                 | odeo | on.  |                                  |                        |  |
| Summary of Violations C NC R0   |      |   |                              |      |  |                                  |                        |  |
| 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:                              |                        |  |