



# 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.

<b>Establishment Name</b> Wing'N Out LLC	<b>Telephone Number</b> Est	<b>Date of Inspection</b> 04/18/2025 02:30 pm	<b>ID#</b> 2282
<b>Establishment Address</b> ,			
<b>Owner</b> Jamie Chatham	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b> NO	<b>Released</b> 04/28/2025
<b>Owner's Address</b>		<b>Menu Type</b> 1__ 2__ 3 <input checked="" type="checkbox"/> 4__ 5__	
<b>Person in Charge</b> Jamie Chatham			
<b>Responsible Person's Email</b>			
<b>Certified Food Handler</b> Jamie Chatham	<b>Exp.</b> Food Protection Manager 04/07/2028		

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
			Mobile meets health code regulations and the permit has been issued.	
		0		

Summary of Violations C \_\_\_\_ NC \_\_\_\_ R 0

Received by (name and title printed):

Jamie Chatham

Inspected by (name and title printed):

LISA CHANDLER

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: