Retail Food Establishment



Inspection Report State Form 48669 (R2/2-05) SDH From 51-0001

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 Beverly Ann's					Telephone Number Est	Date of Inspection 04/27/2024	ID#	
Establishment Address						04:45 pm	2383	
Owner Tim Valiant					Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Follow Up NO	Released 05/07/2024	
Owner's Address						Menu Type 1 2 <u>X</u> 3 4 5		
Person in Charge Tim Valiant								
Responsible Person's Email					HACCP Other (list)			
Certified Food Handler Exp.								
ORTICAL ITEMS ADDIDENTIFIED IN THE SHESPELICE AND NADDATHE COLLIANS MADRED 101								
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 #	Section # C/NC R Narrative To Be Corrected B							
	@Indy Hood Rats							
No violations noted at time of inspection.					n.			
		0						
	····							
Summary of Violations C NC R _0								
Received by (name and title printed):					Inspected by (name and title printed):			
Person in charge					MATT WILLIAMS			
Received by (signature):					Inspected by (signature):			
cc: cc:						сс:		