Retail Food Establishment



Inspection Report State Form 48669 (R2/2-05) SDH From 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 The Wandering Bee					Telephone Number	Date of Inspection 07/04/2024	ID#	
Establishment Address						02:00 pm	2393	
Owner Jesse Head					Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Follow Up NO	Released 07/14/2024	
Owner's Address						Menu Type 1 2 <u>X_</u> 3 4 5		
Person in Charge Jesse Head								
Responsible Person's Email					HACCPOther (list)			
Certified Food Handler Exp.								
CRITICAL FEMICARE INSPIRED IN THE CHECKLICE AND MADDATIVE COLLINIE MADVED ICS								
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 #	C/NC	R	Narrative To Be Corrected By					
			No violations n	noted at time of inspectio	m.			
		0						
Summary of Viola	tions	C_	NC	R <u>0</u>				
Received by (name and title printed):					Inspected by (name and title printed):			
Jesse Head					LISA CHANDLER			
Received by (signature):					Inspected by (signature):			
cc: cc:					-+	cc:		