



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 Mr and Mrs Hotdog Stand | Telephone Number Est | Date of Inspection 03/23/2024 10:15 am | ID# 2400 |
| Establishment Address , | | | |
| Owner Teresa Elmore | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up NO | Released 04/06/2024 |
| Owner's Address | | Menu Type 1__ 2 <input checked="" type="checkbox"/> 3__ 4__ 5__ | |
| Person in Charge Angelea Taylor | | | |
| Responsible Person's Email | | | |
| Certified Food Handler Melissa Pratt | Exp. Food Protection Manager Ce 05/20/2026 | | |

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 |
|-----------|------|---|--|--------------------|
| | | | No violations noted at time of inspection. | |
| | | 0 | | |
| | | | | |

Summary of Violations C ____ NC ____ R 0

Received by (name and title printed):

Person in charge

Inspected by (name and title printed):

MATT WILLIAMS

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: