

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 Tha Corn Man | | | | | Telephone Number | Date of Inspection 04/17/2024 | ID# | |
|---|--|---|----------------|---------------------------|---|----------------------------------|------------------------|--|
| Establishment Address | | | | | | 01:30 pm | 2410 | |
| Owner Timmy Campbell | | | | | PurposeRoutineFollow-upComplaintX_Pre-OperationalTemporaryHACCPOther (list) | Follow Up NO | Released 04/27/2024 | |
| Owner's Address | | | | | | Menu Type 1 2_X_ 3 4 5 | | |
| Person in Charge Tim Campbell | | | | | | | | |
| Responsible Person's Email | | | | | | | | |
| Certified Food Handler Exp. Timmy Campbell ServSafe 02/12/2027 | | | | | | | | |
| 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 | | | | | | | Corrected By | |
| | | 0 | Mobile meet he | ealth code regulations an | d the permit has been issued. | | | |
| Summary of Violations C NC R _0_ | | | | | | | | |
| Received by (name and title printed): Tim Campbell | | | | | Inspected by (name and title printed): LISA CHANDLER | | | |
| Received by (signature): | | | | | Inspected by (signature): | | | |
| ce: ce: | | | | | • | cc: | | |