



# 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> The Breakfast Trolley	<b>Telephone Number</b> Est	<b>Date of Inspection</b> 07/18/2024 08:36 am	<b>ID#</b> 2432
<b>Establishment Address</b> ,			
<b>Owner</b> Christal White	<b>Purpose</b> <u>X</u> Routine ___ Follow-up ___ Complaint ___ Pre-Operational ___ Temporary ___ HACCP ___ Other (list)	<b>Follow Up</b> NO	<b>Released</b> 08/28/2024
<b>Owner's Address</b>		<b>Menu Type</b> 1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
<b>Person in Charge</b> Christal White			
<b>Responsible Person's Email</b>			
<b>Certified Food Handler</b> Christal White	<b>Exp.</b> 08/09/2025		

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
146	NC	0	@ Danville Square Food packaged in a retail food establishment shall be labeled including the common name of the food. If made from two or more ingredients, a list of ingredients, quantity of contents, the name and place of business, packer, or distributor.	Today

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed):

Person in charge

Inspected by (name and title printed):

YOCALI PALAFOX

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: