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 Indy T Ice Cream | | | | | Telephone Number Est | Date of Inspection 07/16/2024 | ID# | |
|--|------|---|------------------------------|--|--|----------------------------------|----------------------------|--|
| Establishment Address | | | | | | 01:30 pm | 2446 | |
| Owner Tenneta McFadden | | | | | Purpose X Routine Follow-up Complaint Pre-Operational Temporary | Follow Up NO | Released 07/26/2024 | |
| Owner's Address | | | | | | Menu Type 1 <u>X</u> 2 3 4 5 | | |
| Person in Charge Eddie LeFlore | | | | | | | | |
| Responsible Person's Email | | | | | HACCP Other (list) | | | |
| Certified Food Handler Exp. | | | | | | | | |
| ORTICAL FEASE ADD INDEFINITION IN THE CHECKLICE AND VIADD STRUE COLLINDS: MADKED 507 | | | | | | | | |
| 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 | | | | | |
| | | | | | nd the permit has been issued. | | | |
| No violations noted at time of inspection | | | | | n. | | | |
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| Summary of Violations C NC R _0 | | | | | | | | |
| Received by (name and title printed): | | | | | Inspected by (name and title printed): | | | |
| Eddie LeFlore | | | | | LISA CHANDLER | | | |
| Received by (signature): | | | | | Inspected by (signature): | | | |
| cc: cc: | | | | | | cc: | | |