

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 Date of Inspect 03/12/2025			ID#
Establishment Address						12:30 pm		2446
Owner Tenneta McFadden					Purpose X Routine	Follow Up NO		Released 03/22/2025
Owner's Address					Follow-up Complaint	W. T		
Person in Charge Eddie LeFlore					Pre-Operational Temporary	Menu Type 1 X 2 3 4 5		
Responsible Person's Email					HACCP Other (list)			
Certified Food Handler Exp.								
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	
256	NC	0	Temperature me	asuring devices were not	provided in chest freezers.		One Day	
431	NC	0	An accumulation of van.	n of old ice cream boxes	and dirt was observed on the floo	r	One Day	
Summary of Violations C <u>0</u> NC <u>2</u> R <u>0</u>								
Received by (name and title printed): Eddie LeFlore					Inspected by (name and title printed): LISA CHANDLER			
Received by (signature):					Inspected by (signature):			
cc: cc:					·	cc:		