## Retail Food Establishment



Inspection Report State Form 48669 (R2/2-05) SDH From 51-0001

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 Knight's Eggs					Telephone Number	Date of Inspection 04/22/2025	ID#
Establishment Address						03:00 pm	2529
<b>Owner</b> Joseph Knight					Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Follow Up NO	<b>Released</b> 05/02/2025
Owner's Address						Menu Type 1 <u>X</u> 2 <u>3</u> 4 <u>5</u>	
Person in Charge Joseph Knight							
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	R Narrative To Be Corrected By				
No violations noted at time of inspection Permit has been issued.							
		0					
Summary of Violations C NC R _0							
Received by (name and title printed):					Inspected by (name and title printed):		
Joseph Knight					LISA CHANDLER		
Received by (signature):					Inspected by (signature):		
cc: cc:						cc:	