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 Mason Inn					Telephone NumberEst317-892-8200	Date of Inspection 04/24/2024	ID#	
Establishment Address 1 W Main St, Pittsboro IN 46167						01:35 am	601	
Owner Gerard Mason					Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Follow Up NO	Released 05/04/2024	
Owner's Address						Menu Type 1 2 3 <u>_X</u> _ 4 5		
Person in Charge Ann and Gerard Mason								
Responsible Person's Email					HACCP Other (list)			
Certified Food Handler Exp.								
Sebastian Sweeney Se		Serv	Safe	11/12/2025				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
VIOLATION(S) REPEATED FR Section #	OM PREVIOUS IN: C/NC	IOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" IC R Narrative To Be Corrected By						
227	NC	0		l sink and men's restroor	n hand sink was no longer sealed			
		Ÿ	to the wall.				, , , , , , , , , , , , , , , , , , ,	
295	NC	0	An accumulation of food debris was found on cooler and refrigerator door handles throughout the kitchen.				у	
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Summary of Violations C 0 NC 2 R 0								
Received by (name and title printed):					Inspected by (name and title printed):			
Reviewed w/person-in-charge					BRIAN PORTWOOD			
Received by (signature):					Inspected by (signature):			
cc: cc:					+	cc:		