

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.

Patablishment Name									
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Purpose						ESI		626	
Purpose									
Complaint   Person in Charge   William Urick   Pre-Operational   Temporary   1_2 2X 3_4_5_	Owner								
Person is Charge William Urick  Responsible Person's Email  Certified Food Handler William Urick  Serv Safe 10/01/2027  EXPLICATIONS DEFINITION THE CHILDLEST AND MARKETIVE COLLINES MARKETIVE William Urick  Service 10/01/2027  EXPLICATIONS DEFINITION FROM PERSONS SERVICE COLLINES MARKETIVE William Urick  Service 10/01/2027  To Be Corrected By  No violations noted at time of inspection.  Summary of Violations  C NC R O_  Received by (name and title printed): William Urick  Received by (signature):  Inspected by (signature):	Owner's Address								
Certified Food Handler									
William Urick  ServSafe  10/01/2027  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED 'NO.  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED 'NO.  Section #  C/NC  R  No violations noted at time of inspection.  0  Summary of Violations  C  NC  R  NC  R  No violations noted at time of inspection.  Inspected by (name and title printed):  William Urick  Received by (signature):  Inspected by (signature):	Responsible Person's Email					<del></del>			
EXPRICAL THREE ARE INEXTRIBED IN THE CHICKLEST AND NARRATIVE COLLINON MARKED 'C' VIOLATIONS REPEATED FROM PREVIOUS NEWFOCKNESS AND IN THE NARRATIVE COLLINN MARKED AS 'R'  Section # C/NC R Narrative To Be Corrected By  No violations noted at time of inspection.    0	Certified Food Handler Exp.								
Section # C/NC R Narrative To Be Corrected By  No violations noted at time of inspection.  Summary of Violations  C NC R No _ R O_  Received by (name and title printed):  William Urick  Received by (signature):  Inspected by (signature):  Inspected by (signature):	William Urick ServSafe				10/01/2027				
Section # C/NC R Narrative To Be Corrected By  No violations noted at time of inspection.  Summary of Violations  C NC R No _ R O_  Received by (name and title printed):  William Urick  Received by (signature):  Inspected by (signature):  Inspected by (signature):									
Section # C/NC R Narrative To Be Corrected By  No violations noted at time of inspection.  Summary of Violations  C NC R No _ R O_  Received by (name and title printed):  William Urick  Received by (signature):  Inspected by (signature):  Inspected by (signature):	CRITICAL ITEMS ARE IDENT	TIFIED IN THE CHE	CKLIST A	AND NARRATIVE COLUMN					
Summary of Violations  C  NC  Received by (name and title printed):  William Urick  Received by (signature):  Inspected by (signature):	VIOLATION(S) REPEATED FI	ROM PREVIOUS IN	SPECTIO	NS ARE DENOTED IN THE		N THE NARRAIVE COLUMN MARKED AS "R"		To Do Commented Dry	
Summary of Violations C NC R0  Received by (name and title printed): William Urick	Section #	CINC	K		noted at time of inspection	nn		to be Corrected by	
Summary of Violations C NC R0_  Received by (name and title printed): William Urick									
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	William Urick					LISA CHANDLER			
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