



Retail Food Establishment

Inspection Report

State Form 48669 (R2/2-05)

SDH Form 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 Urick Concessions LLC- Ice Cream	Telephone Number Est	Date of Inspection 08/30/2024 11:00 am	ID# 755
Establishment Address ,			
Owner Monica Urick	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up NO	Released 09/09/2024
Owner's Address		Menu Type 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge Erin Grosbener			
Responsible Person's Email			
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 NARRATIVE COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
			Hendricks County Mobile Permit was not available on truck.	
375	C	0	Sewage was not conveyed to the point of disposal through an approved sanitary sewage system. Waste water tank was overflowing on the ground.	Corrected

Summary of Violations C 1 NC 0 R 0

Received by (name and title printed):

Person in charge

Inspected by (name and title printed):

MATT WILLIAMS

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: