# Retail Food Establishment Inspection Report

State Form 48669 (R2/2-05)
SDH From 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**<br>DHL-Johnson & Johnson and Zarbee's | **Telephone Number**<br>Est 317-539-8300 | **Date of Inspection**<br>03/19/2025<br>09:50 am | **ID#**<br>1626 |
| **Establishment Address**<br>9440 S State Road 39, Mooresville IN 46158-7468 | | | |
| **Owner**<br>Continental Canteen | **Purpose**<br>_X_ **Routine**<br>___ **Follow-up**<br>___ **Complaint**<br>___ **Pre-Operational**<br>___ **Temporary**<br>___ **HACCP**<br>___ **Other (list)** | **Follow Up**<br>NO | **Released**<br>03/29/2025 |
| **Owner's Address** | | **Menu Type**<br>**1** X **2** __ **3** __ **4** __ **5** __ | |
| **Person in Charge**<br>Tonya Merritt | | | |
| **Responsible Person's Email** | | | |
| **Certified Food Handler** **Exp.**<br>Exempt by menu | | | |

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 |
|---|---|---|---|---|
| | | | No violations noted at time of inspection. | |
| | | 0 | | |

**Summary of Violations** **C** ____ **NC** ____ **R** 0

| | |
|---|---|
| Received by (name and title printed):<br>Person in charge | Inspected by (name and title printed):<br>YOCELI PALAFOX |
| Received by (signature): | Inspected by (signature): |

| | | |
|---|---|---|
| cc: | cc: | cc: |