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 Not Yo Mama's Meal Prep	**Telephone Number** Est 317-268-6679	**Date of Inspection** 02/03/2025 01:09 pm	**ID#** 2013
Establishment Address 7722 E US Highway 36, Avon IN 46123			
Owner Melanie Smith	**Purpose** _X_ **Routine**	**Follow Up** NO	**Released** 02/13/2025
Owner's Address	___ **Follow-up** ____ **Complaint**		
Person in Charge Melanie Smith	____ **Pre-Operational** ____ **Temporary**	**Menu Type** **1**__ **2**__ **3**_X_ **4**__ **5**__	
Responsible Person's Email	____ **HACCP** ___ **Other (list)**		
Certified Food Handler Melanie Smith — ServSafe — **Exp.** 09/06/2026			

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
177	NC	0	Boxes of lettuce and various meats were stored directly on the floor in the walk-in cooler.	Today
324	NC	0	Front kitchen hand sink faucet was broken off.	One Week

Summary of Violations C 0 NC 2 R 0

Received by (name and title printed): Reviewed with Person in Charge	Inspected by (name and title printed): SARAH DALLAS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: