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 Ms. B's Teas, LLC	**Telephone Number** Est 317-292-8496	**Date of Inspection** 02/12/2025 11:24 am	**ID#** 2206
Establishment Address 4883 Iowa Street, Clayton IN 46118			
Owner Ms B's Teas LLC	**Purpose** _X_ **Routine** ___ **Follow-up** ___ **Complaint** ___ **Pre-Operational** ___ **Temporary** ___ **HACCP** ___ **Other (list)**	**Follow Up** NO	**Released** 02/22/2025
Owner's Address		**Menu Type** 1__ 2_X_ 3__ 4__ 5__	
Person in Charge Mich Bignell			
Responsible Person's Email			
Certified Food Handler Mich Bignell — Food Protections — **Exp.** 07/22/2027			

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): Person in charge	Inspected by (name and title printed): YOCELI PALAFOX
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: