



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 Wingstop	Telephone Number Est 463-252-0050	Date of Inspection 02/03/2025 11:11 am	ID# 2279
Establishment Address 10302 Prosperity Circle Unit 102, Camby IN 46113			
Owner OM CS Camby Wings Inc	Purpose ☒ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	Follow Up NO	Released 02/13/2025
Owner's Address		Menu Type 1__ 2__ 3 ☒ 4__ 5__	
Person in Charge Yash Rathi			
Responsible Person's Email			
Certified Food Handler Yash Rathi	Exp. ServSafe 11/24/2026		

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 NARRATIVE COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
227	NC	2	The 3 compartment sink was no longer sealed to the wall and had an accumulation of black residue.	One Week
295	NC	2	An accumulation of debris was found on drip tray of beverage station.	Today
431	NC	2	Observed an accumulation of food debris and grease on floor behind cooking equipment. Observed an accumulation of grease and debris in floor drain of cook line. Observed an accumulation of standing water and debris on floor under 3 compartment sink. Observed an accumulation of debris in mop sink.	Today

Summary of Violations C 0 NC 3 R 3

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: