



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 Zaxby's	Telephone Number Est 317-533-1440	Date of Inspection 02/06/2025 10:32 am	ID# 2339
Establishment Address 8168 Upland Way, Camby IN 46113			
Owner G.O.A.T. Chicken Inc	Purpose ☒ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ☐ Other (list)	Follow Up NO	Released 02/16/2025
Owner's Address		Menu Type 1__ 2__ 3 ☒ 4__ 5__	
Person in Charge Calyb Guinn			
Responsible Person's Email			
Certified Food Handler Aamaze Hall	Exp. ServSafe 05/26/2028		

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
216	NC	0	Observed tape on leg of 3-compartment sink.	Today
297	NC	0	Brown residue was accumulated on plate around fountain drink nozzles in dining room. White residue and standing liquid was observed on drip pan of fountain drink machine in dining room.	
346	NC	0	Soap was not provided at the hand sink.	Corrected
347	NC	0	Hand drying provisions, such as paper towels, were not provided at the hand sink.	Corrected
413	NC	2	There was a gap at the bottom of back exit door allowing the possible entry of pests.	One Week
431	NC	2	Observed an accumulation of food debris around floor drain of 3-compartment sink, on floor of walk-in cooler/freezer and mop sink. Observed an accumulation of dust on ceiling vents of back kitchen. Observed an accumulation of debris on floor of dry storage room.	Today

Section #	C/NC	R	Narrative	To Be Corrected By
Summary of Violations C <u>0</u> NC <u>6</u> R <u>2</u>				
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: