

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Kovener's Korner Ice Cream Truck</i>	Telephone Number <i>Establishment</i>	Date of Inspection <i>7-19-22</i>	ID# <i>M2447</i>
Establishment address <i>TC Fair</i>	() Owner	Follow-up	Release Date
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: C _____ NC _____ R _____	
Owner address		Menu Type (See back of page) 1 <u>X</u> 2 <u>1</u> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

- 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 BELOW AS "R"

[illegible]

Received by (name and title printed): Samuel Boakey	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Samuel Boakey	Inspected by (signature):
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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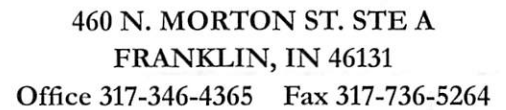
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name A & B CONCESSIONS	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID# —
Establishment address Jo. Co. Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) mobile	Follow-up —	Release Date 7/27/22
Owner Klepp		Summary of Violations: NLS	
Owner address		C <u>—</u> NC <u>—</u> R <u>—</u>	
Person in charge Amy Klepp		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Responsible person's email			
Certified food handler —			

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[illegible]

Received by (name and title printed): Amy Klapp		Inspected by (name and title printed): Bob Smith
Received by (signature): Amy Klapp		Inspected by (signature): Bob Smith
cc:	cc:	cc:


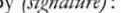


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Aunt Christy's Lemon	Telephone Number () Establishment () Owner	Date of Inspection 7/19/22	ID#
Establishment address J.C. Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date 7/19/22
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X		Inspected by (name and title printed): Cassie Hall
Received by (signature): X		Inspected by (signature): 
cc: 	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Aunt Christies #3	Telephone Number () Establishment () Owner	Date of Inspection 7-17-22	ID#
Establishment address JC Fair - raining	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

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[illegible]



Received by (name and title printed): <i>Are</i>		Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>Are</i>		Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc:	cc:

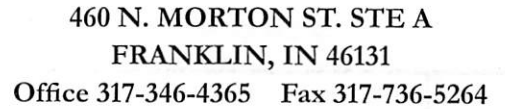


BETH
ET 7/21

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Received by (name and title printed): DARL KREMER		Inspected by (name and title printed): Andrew Miller EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





Based on an 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.

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Received by (name and title printed): X Haley Bailey		Inspected by (name and title printed): Cassie Hall
Received by (signature): X Haley Bailey		Inspected by (signature): Cassie Hall
cc:	cc:	cc:

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

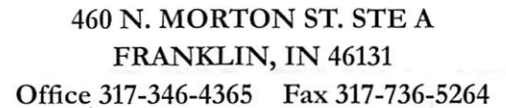
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Gumball Wagon & Lemonade</i>	Telephone Number <i>Establishment</i>	Date of Inspection <i>7-17-22</i>	ID#
Establishment address <i>JC Fair</i>	() Owner <i>(Nance)</i>	Follow-up	Release Date
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: C _____ NC _____ R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): O Heather Brown		Inspected by (name and title printed): Edinburgh
Received by (signature): O Heather Brown		Inspected by (signature):
cc:	cc:	cc:



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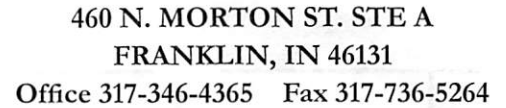
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

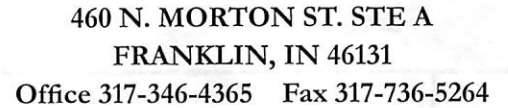
Establishment name <i>Jessop's Cotton Candy</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-17-22</i>	ID#
Establishment address <i>Johnson Co. Fair</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-27-22</i>
Owner <i>Brent Burton</i>		Summary of Violations: <i>No Score</i>	
Owner address		C <u> / </u> NC <u> / </u> R <u> / </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> ✓ </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>N/A</i>			

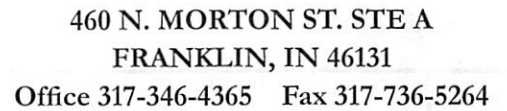
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[illegible]

Received by (name and title printed): Brent B. Lou, owner		Inspected by (name and title printed): Andrew Miller, EKS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:







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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Kona Ice-Brown Co	Telephone Number () Establishment () Owner	Date of Inspection 7/19/22	ID# 2454
Establishment address Johnson Co Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 X 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed): Pamela Hilgeman		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Pamela Hilgeman		Inspected by (signature):
cc:	cc:	cc:

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Establishment name <i>Lickity Slick Snowball</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-19-22</i>	ID# <i>2069</i>
Establishment address <i>TC Fair</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

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[illegible]

Received by (name and title printed): Jayme Swanberg		Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Jayme Swanberg		Inspected by (signature):
cc:	cc:	cc:

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Establishment name MARK'S CONCESSIONS SHELTON TIPS	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID#
Establishment address JO. Co FAIR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/27/22
Owner MARK FRAZIER		Summary of Violations: WLS C — NC — R —	
Owner address		Menu Type (See back of page) 1 — 2 — 3 — 4 — 5 —	
Person in charge FONDA FRAZIER			
Responsible person's email			
Certified food handler FONDA FRAZIER	MOBILE		

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[illegible]

Received by (name and title printed): Tonda Fruzier	Inspected by (name and title printed): Bob Smith / mizer
Received by (signature): Tonda Fruzier	Inspected by (signature): Bob Smith / mizer
cc:	cc:

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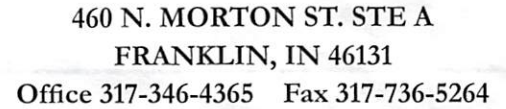
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Establishment name MARK'S CONVICTION	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID#
Establishment address 50. CO. FAIR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up -	Release Date 7/27/22
Owner MARK FRAZIER		Summary of Violations:	
Owner address		NIS	
Person in charge JOEY FRAZIER		C <u> </u> NC <u> </u> R <u> </u>	
Responsible person's email		Menu Type (See back of page) <u> </u>	
Certified food handler JOEY FRAZIER	MOBILE	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

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[illegible]

Received by (name and title printed): <i>Jerry Frazier</i>		Inspected by (name and title printed): <i>Bob Smith / Miller</i>	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	





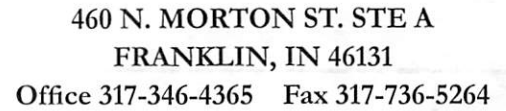
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name MARK'S CASSINO (FRIG WASTES)	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID#
Establishment address 50. Co FARR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/27/22
Owner MARK FIAZLER	Summary of Violations: NIS C — NC — R —		
Owner address			
Person in charge ERIC THORNTON			
Responsible person's email SEAN@SAFE 2/16/25	Menu Type (See back of page) 1 — 2 — 3 — 4 — 5 —		
Certified food handler MARK FIAZLER	MOBILE		

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Eric Thornton		Inspected by (name and title printed): Bob Smith #5
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



Based on an 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 MBL Concessions LLC	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID#
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Paul Behr / Jodie Hemphill
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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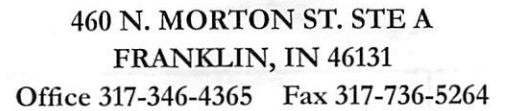
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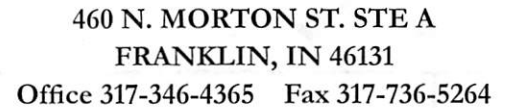
Establishment name <i>McGrotha Foods Strawberry</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/22</i>	ID#
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>no</i>	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

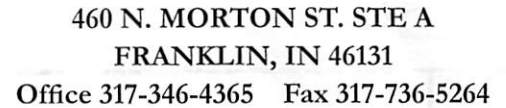
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[illegible]

Received by (name and title printed): <i>X Daniel H. Chubb</i>		Inspected by (name and title printed): <i>Jayme Blanford / Paul Bethune</i>	
Received by (signature): <i>Danielle Thoele</i>		Inspected by (signature): <i>[Signature]</i>	
cc:		cc:	







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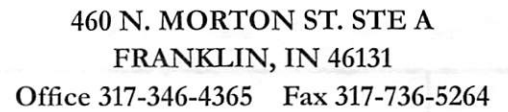
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Miller's Lemonade</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/22</i>	ID#
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>✓</i> NC <i>✓</i> R <i>✓</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1____ 2____ 3____ 4____ 5____	
Certified food handler			

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[illegible]

Received by (name and title printed): + Brenna Dayle		Inspected by (name and title printed): Paul B. B. / Jayne B. B.
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:



Based on an 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 <i>Muller's Hero Gyro</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/20</i>	ID#
Establishment address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>✓</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <u><i>✓</i></u> NC <u><i>✓</i></u> R <u><i>✓</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1____2____3____4____5____	
Certified food handler			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:

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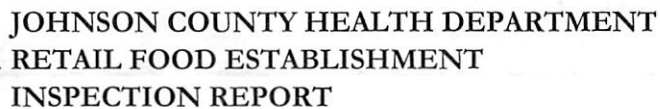
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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Based on an 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 <i>Mullers Food #1 Grub</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-17-22</i>	ID#
Establishment address <i>JC Fair</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			


- 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 BELOW AS "R"

[illegible]



Based on an 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.

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Received by (name and title printed): Joshua Ford		Inspected by (name and title printed): Paul Blanks/Jayane Blomfore
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:



Based on an 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 <i>The Oriental Cookery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/22</i>	ID#
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email <i>David.crawley</i>		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

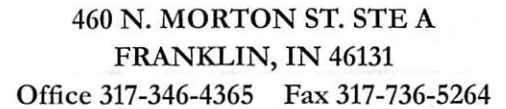
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

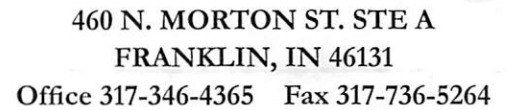
Establishment name PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 7/19/22	ID#
Establishment address Jo. Co. Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) mobile	Follow-up —	Release Date 7/29/22
Owner KELLY SPAULDING		Summary of Violations: n/5 C _____ NC _____ R _____	
Owner address			
Person in charge JOHN SPAULDING		Menu Type (See back of page) 1 _____ 2 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler _____			

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[illegible]

Received by (name and title printed): John Spaulding		Inspected by (name and title printed): Bob Miller
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:









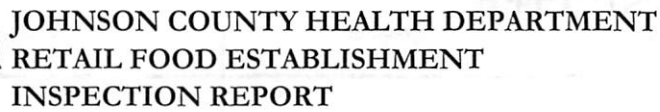
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Kenny's smooth concessions</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/22</i>	ID#
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u> <i>1</i> </u> NC <u> </u> R <u> <i>1</i> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- 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 BELOW AS "R"

[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): 
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



Based on an 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.

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): X J. David D. [unclear]		Inspected by (name and title printed): Cassi Hall
Received by (signature): X [signature]		Inspected by (signature): Cassi Hall
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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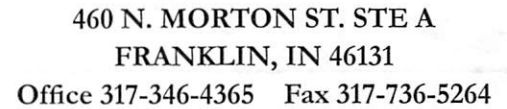
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name SMOKE STACK PIZZA STACK	Telephone Number () Establishment () Owner	Date of Inspection 7/17/22	ID#
Establishment address JO. G. FAIR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/27/22
Owner TAMMY SZOSTEK		Summary of Violations: NIS C — NC — R —	
Owner address		Menu Type (See back of page) 1 — 2 — 3 — 4 — 5 —	
Person in charge TAMMY SZOSTEK			
Responsible person's email			
Certified food handler TAMMY SZOSTEK (6/4/22) (SERVSAFE) (MOBILE)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Tammy Szostek		Inspected by (name and title printed): Bob Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



Based on an 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 <i>Sotadine concessions</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/22</i>	ID#
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u><i>(initials)</i></u> NC <u><i>(initials)</i></u> R <u><i>(initials)</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u><i>(check)</i></u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>John Laed</i>		Inspected by (name and title printed): <i>Paul Betiku / Jayere Blamph</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:

