

**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

Floyd County Health Department
812-948-4726

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>Bearded BBQ</i>	Telephone Number <i>502 724 1232</i>	Date of Inspection (mm/dd/yr) <i>5/13/23</i>	PERMIT # <i>23-485</i>
Establishment Address (number and street, city, state, zip code) <i>8431 Aberdeen Lane Chamestown IN</i>	() Owner	Follow-up <i>NO</i> Release Date <i>10 days</i>	
Owner <i>Loren Michael "Buddy" Wixon</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) _____		
Owner's Address <i>same</i>	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge <i>Buddy Wixon</i>	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail <i>mrs wix@hotmail.com</i>			
Certified Food Handler <i>Loren Michael Wixon</i>			

• 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No Violations</i>	

Received by (name and title printed): <i>Loren M. Wixon</i>	Inspected by (name and title printed): <i>Connor Monroe, SWS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: