Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

Establishment Name	Telephone Number	Date of Inspection	ID#
HEINE'S CONCESSIONS LLC	Est 317-529-5619	06/11/2025	
Address 6651 BLACK ANTLER CIRCLE, INDIANAPOLIS IN 46217	Own		

Owner	Purpose	Follow Up	Released
LITASHA MCFEETERS	___ Routine		06/21/2025
Owner's Address 6651 BLACK ANTLER CIRCLE INDIANAPOLIS, IN 46217	___ Follow-up		
Person in Charge LITAHSA MCFETERS	___ Complaint		
	___ Pre-Operational		
Responsible Person's Email HEINECONCESSIONS@GMAIL.COM	_X_ Temporary	**Menu Type**	
	___ HACCP	1 X 2 __ 3 __ 4 __ 5 __	
Certified Food Handler	___ Other (list)		

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
291		X		Observed expired test strips for checking sanitizer concentration.	3 days

Summary of Violations C 0 NC 1 R 0 — 1

Received by (name and title printed):	Inspected by (name and title printed):
LATASHA MCFETERS	Carrie Fischer EHS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: