

**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2625-095

License/Permit #

Date _____

9/9/2025

Establishment

Address

STANLEY ENG

7349 N 400 E

City/State

$$M_0(TDF) \in \mathbb{R}$$

Zip Code

47359

Telephone

493 0022

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

308 C

4- white MICROWAVES INTERIOR soiled with Food Debris

TODAY

NO SANITIZER - CARRIED BY ROUTE DRIVER

NOT LEFT

NO TEST STRIPS - CARRIED BY ROUTE DRIVER

on site

Published Comment

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ICE MACHINE - CLEANED 4/25 - (CLEANING EVERY 6mo)
TEMPS - GOOD - REFRIGERATION / FROZEN MACHINES
2 SILVER MICROWAVES OWNED BY AVI - CLEAN

Person In Charge (Signature)

Edward H. Lane

Date: 9/9/25

Inspector (Signature)

Politen EHS

Date: 9/9/25