RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Brown County Health Department
P.O. Box 281, Nashville, IN 47448
812-988-2255

26 (JH)

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 HERITAGE CANDY STORE	**Telephone Number** (812) 887-4041	**Date of Inspection** (*mm/dd/yr*) 5/02/2025	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 41 S Van Buren	( )		
Owner Lacey Martin	**Purpose:** (1) Routine	**Follow-up** NO	**Release Date** 5/12/2025
Owner's Address 626 Orchard Hill Rd	2. Follow-up	**Summary of Violations:**	
Person in Charge Lacey Martin	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail greg.perefield@sbcglobal.net	4. Pre-Operational		
Certified Food Handler N/a by menu	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1 2 X 3 4 5	
	7. 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 NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations observed at time of inspection	

Received by (*name and title printed*): Lacey Martin	Inspected by (*name and title printed*): JENNIFER HELLER EHS / Tiffany Petit
Received by (*signature*): Lacey Martin	Inspected by (*signature*): EHS /
cc:	cc: / cc: