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: HOOSIER THAI	Telephone Number: (812) 391-7283	Date of Inspection (mm/dd/yr): 4/28/2025	ID #:
Establishment Address (number and street, city, state, ZIP code): 15 S. Van Buren	( )		
Owner: KANJANA CRUZ	Purpose: (1) Routine	Follow-up: No	Release Date: 5/03/2025
Owner's Address: 1504 S. Highland DR, Bloomington	2. Follow-up	Summary of Violations:	
Person in Charge: KANJANA CRUZ	3. Complaint	C 1 NC Ø R Ø	
Responsible Person's E-mail: BLOOMINGTHAI@gmail.com	4. Pre-Operational		
Certified Food Handler: KANJANA CRUZ	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1 2 3 X 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
173	C		chicken observed stored above vegetables	corrected

Received by (name and title printed): Kanjana Cruz	Inspected by (name and title printed): Tiffany Petit, ASSITANT EHS
Received by (signature): K Kanjana	Inspected by (signature): Tiffany
cc:	cc:
cc:	