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

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 THE WILD OLIVE	**Telephone Number** (812) 988-9463 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/19/2025	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 37 W MAIN ST			
Owner Michelle Damrell	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 4/19/2025
Owner's Address 3691 Cardinal Dr. Nashville		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge			
Responsible Person's E-mail michelle@thewildolive.com		**Menu Type** *(See back of page)* 1 & 2 3 4 5	
Certified Food Handler N/A by mail			

- 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*):	Inspected by (*name and title printed*): Jennifer Heller EHS / Tiffany Petit
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
	cc: