# 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** TROLLY'S | **Telephone Number** (812) 988-4273 | **Date of Inspection** (*mm/dd/yr*) 5/15/2025 | **ID #** |
| **Establishment Address** (*number and street, city, state, ZIP code*) 11 E GOULD ST | ( ) | | |
| **Owner** MARY EVERROAD | **Purpose:** 1. Routine | **Follow-up** No | **Release Date** 5/26/2025 |
| **Owner's Address** 5234 St. Rd 46 E | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** | 3. Complaint<br>4. Pre-Operational | C Ø NC Ø R Ø | |
| **Responsible Person's E-mail** trollybbq@gmail.com | 5. Temporary<br>6. HACCP | **Menu Type** (*See back of page*) | |
| **Certified Food Handler** MARY EVERROAD | 7. Other (*list*) | 1 2 3 X 4 5 | |

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