

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. TIME OUT - 3:30

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TIME IN - 2:45 pm


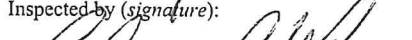
TIME OUT - 3:30 pm

Establishment Name <b>DAIRY QUEEN</b>	Telephone Number <b>(765) 654-8221</b>	Date of Inspection (mm/dd/yr) <b>8/12/25</b>	ID # 
Establishment Address (number and street, city, state, ZIP code) <b>1958 E. WABASH ST FRANKFORT</b>	( )		
Owner <b>MAHADEV ENTERPRISE INC</b>	Purpose: <b><u>B</u> Routine</b>	Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner's Address <b>1958 E. WABASH ST FRANKFORT</b>	2. Follow-up	<del>Summary of Violations:</del>	
Person in Charge <b>Yogeshkumar Patel</b>	3. Complaint	<del>C      NC      R</del>	
Responsible Person's E-mail <b>yogesh.patel1414@gmail.com</b>	4. Pre-Operational	<del>Menu Type (See back of page)</del>	
Certified Food Handler <b>Dimple Patel</b>	5. Temporary	<del>RISK CAT</del>	
	6. HACCP	1    2 <u>3</u> 4 <u>5</u>	
	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"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Rodney WANN, EHS	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	