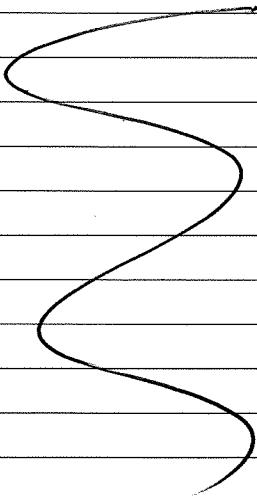




Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Highway 22		Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 4/12/25		ID # 27	
Establishment Address (number and street, city, state, ZIP code) 718 E 500 South Marion		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up NO		Release Date	
Owner Jeremy Jones				Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>			
Owner's Address							
Person in Charge Jeremy Jones							
Responsible Person's E-mail				Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Certified Food Handler NA							
• 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 				
Received by (name and title printed): Jeremy Jones			Inspected by (name and title printed): Angela Ruff Collum				
Received by (signature): 			Inspected by (signature): 				
cc:			cc:				