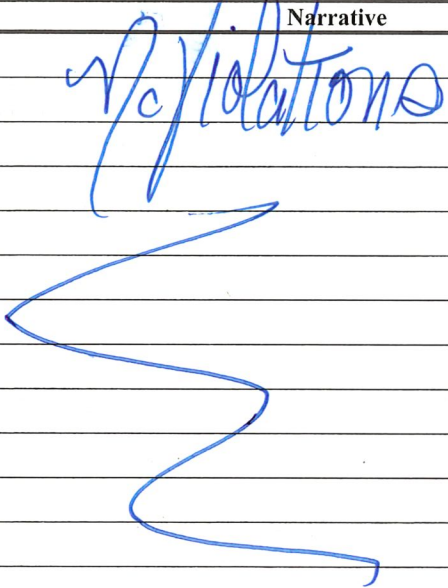


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Hometown Express #3 Mart</b>		Telephone Number <b>918-554-1155</b>	Date of Inspection (mm/dd/yr) <b>7/14/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>216 N. Main St. Fairmount</b>		Owner <b>Garon Candell</b>	Follow-up <b>No</b>	Release Date <b>10 Days</b>
Owner <b>Garon Candell</b>		<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations:  <b>P - NC - E</b>	
Owner's Address <b>Same</b>				
Person in Charge <b>Betty</b>			Menu Type (See back of page)  <b>1 X 2 3 4 5</b>	
Responsible Person's E-mail <b>[Signature]</b>				
Certified Food Handler <b>N/A</b>				

- 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#	CNC	R	Narrative	To Be Corrected By
			<p>  </p>	
			<p>           P - Priority = Critical            PF - Priority Foundation = ASAP            C - Core = non critical         </p>	

Received by (name and title printed): Betty Ward		Inspected by (name and title printed): Amber H. Holum	
Received by (signature): Betty Ward		Inspected by (signature): Amber H. Holum	
cc:	cc:	cc:	