

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 Quincyway Van Buren	Telephone Number (765) Establishment 878-4062	Date of Inspection (mm/dd/yr) 3/14/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 101 North 1st St., Van Buren			
Owner Burpreet Singh	Purpose: 1. Routine	Follow-up NO	Release Date 10 days
Owner's Address Same	2. Follow-up	Summary of Violations: C — NC — R —	
Person in Charge Lanita	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page) 1 — 2 X 3 — 4 — 5 —	
Certified Food Handler N/A	5. Temporary		
	6. HACCP		
	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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations	

Received by (name and title printed): Lanita McBinnis		Inspected by (name and title printed): Angela McCallum	
Received by (signature): Lanita McBinnis		Inspected by (signature): Angela McCallum	
cc:	cc:	cc:	cc: