

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>Shoehy Bobo</b>		Telephone Number ( ) <b>765</b>		Date of Inspection (mm/dd/yr) <b>5/13/25</b>		ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>125 So. Syracuse St., Hammond, IN 46328</b>		( ) <b>606-9638</b>					
Owner <b>Manuel Spears</b>		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input checked="" type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____		Follow-up <b>NO</b>		Release Date <b>10 days</b>	
Owner's Address <b>Somer</b>				Summary of Violations:  <div style="display: flex; justify-content: space-around;"> <span>P</span> <span>PE</span> <span>C</span> </div>			
Person in Charge <b>Manuel</b>							
Responsible Person's E-mail _____							
Certified Food Handler <b>Manuel Spears</b> <b>4/9/25</b>				Menu Type (See back of page) 1 _____ 2 _____ 3 <b>X</b> 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/C	R	Narrative	To Be Corrected By			
			<div style="font-size: 2em; text-align: center;">No violations</div> <div style="font-size: 3em; text-align: center; margin-top: 50px;">}</div> <div style="font-size: 2em; text-align: center; margin-top: 50px;">Clean to open</div>				
Received by (name and title printed): <b>Manuel Spears</b>				Inspected by (name and title printed): <b>Ana R. Collum</b>			
Received by (signature): <b>Manuel Spears</b>				Inspected by (signature): <b>Ana R. Collum</b>			
cc:				cc:			