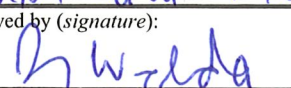
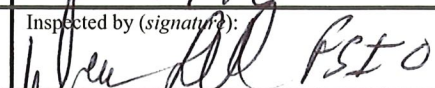


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | | | | | |
|---|--------------|--|---|--|--|--------------------------|--------------------|
| Establishment Name St. Martin Community Center | | Telephone Number 768 Establishment (651)-9324 | | Date of Inspection (mm/dd/yr) 7-22-25 | | ID # 27 | |
| Establishment Address (number and street, city, state, ZIP code) 901 S. Broad St. | | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ | | Follow-up No | | Release Date - | |
| Owner Board Members | | | | Summary of Violations: P - PF - C - | | | |
| Owner's Address same | | | | | | | |
| Person in Charge Joe | | | | | | | |
| Responsible Person's E-mail _____ | | | | | | | |
| Certified Food Handler Joseph Walda | | | | Menu Type (See back of page) 1 _____ 2 _____ 3 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 | R | Narrative | | | | To Be Corrected By |
| | | | No violations | | | | |
| Received by (name and title printed): Joseph Walda, Executive Director | | | Inspected by (name and title printed): Sean Rice | | | | |
| Received by (signature):  | | | Inspected by (signature):  | | | | |
| cc: | | | cc: | | | cc: | |