

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 TNT		Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 5-17-25		ID # 27			
Establishment Address (number and street, city, state, ZIP code) 508 W. Buckingham Dr.				Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up		Release Date	
Owner Tammy Graves						Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>			
Owner's Address Same									
Person in Charge Tammy Graves									
Responsible Person's E-mail				Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>					
Certified Food Handler Tammy Graves 6-2021									
• 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): Tammy Graves					Inspected by (name and title printed): Donna Ray				
Received by (signature): <i>Tammy Graves</i>					Inspected by (signature): <i>Donna Ray</i>				
cc:			cc:			cc:			