



7-26

Establishment Name <i>Tika Hut / Nabe Romans</i>	Telephone Number () Establishment <i>485122</i>	Date of Inspection (mm/dd/yr) <i>7-17-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>116 W. Washington St.; Fairmont</i>	() Owner <i>Matthew</i>		
Owner <i>Stephen</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>		Summary of Violations: <i>P NC E</i>	
Person in Charge <i>Samantha</i>		Menu Type (See back of page) <i>1 X 3 4 5</i>	
Responsible Person's E-mail _____			
Certified Food Handler <i>Stephen Malbewo 8/8/24</i>			

- 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
			Tiki Hutt violations	
			Cool Beans violations	
			Yodel Romano violations	
			~	

Received by (name and title printed): SAMANTHA HUBBARD		Inspected by (name and title printed): Angelika M. Collum	
Received by (signature): Samantha Hubbard		Inspected by (signature): Angelika M. Collum	
cc:		cc:	