



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001



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 <i>Tiki Hut</i>	Telephone Number <i>765-948-5122</i>	Date of Inspection (mm/dd/yr) <i>12-18-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>116 W Washington St Fairmont</i>	Establishment <i>765-948-5122</i>		
Owner <i>Stephen Matthews</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>1010 N Indiana Parkbush Cir RZ</i>	2. Follow-up	Summary of Violations: <i>C — NC — R —</i>	
Person in Charge <i>Amanda Willhite</i>	3. Complaint	Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>No one at this time</i>	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
			<p>- per staff owner is putting in a Noble Romms at this location planning to be done mid Jan 2020.</p> <p>- plan & review required.</p> <p>- CFH required.</p> <p>- contact Health Dept 10 days prior to opening 765-651-2401</p>	
			- No violations at this inspection -	

Received by (name and title printed): <i>Amanda Willhite</i>	Inspected by (name and title printed): <i>Dean Smith FSP</i>
Received by (signature): <i>Amanda Willhite</i>	Inspected by (signature): <i>Dean Smith FSP</i>
cc:	cc: