

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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 Epic Eats, LLC	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) 5-29-24	ID Number 27
Establishment Address (number and street, city, state, and ZIP code) 304 E 700 W Huntington	Establishment () _____		
Owner Carolyn Behman	Owner	Follow-up NO	Release Date (mm/dd/yyyy) 10 days
Owner's Address (number and street, city, state, and ZIP code) Same	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: P____ Pf____ C____ R____	
Person in Charge Carolyn Behman		Menu Type (See back of page.) 1____ 2____ 3 X 4____ 5____	
Responsible Person's E-mail			
Certified Food Handler Carolyn Behman			

- PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".

[illegible]

Received by (name and title printed): Landon Lehman		Inspected by (name and title printed): Deen Sam	
Received by (signature): Landon		Inspected by (signature): Deen Sam	
cc:	cc:	cc:	