

TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25) SDH Form 51-0001 Indiana Department of Health Telephone (317) 233-1974 Fax (317) 233-9200

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.

* Policy (AVAIDA CORP.)	Req	uiren	ents. The time limit for correction of each violation i	s specified in the narrative	portion of	this repor	L
Establishn	nent Nam	e		Telephone Number	Date of ID Number		
1310	41), ,	PER	J608278881	Inspection (mm/dd/yyyy)		
Establishment Address (number and street, city, state, and ZIP code)				Establishment	Silvo	1 _	5
704			man RD Bluckby	Owner	DIES	25	
Owner				Purpose:	Follow-up Release Date (mm/dd/yy) 9 / 7 / 25		
Owner's A			er and street, city, state, and ZIP code)	1. Routine			
	AME		state direct, only, chaic, and all codes,	2. Follow-up	Summary of Violations:		
Person in				3. Complaint	P Pf C R		
5	AME	5		Pre-Operational Temporary			
Responsib	le Persor	s E-	mail	6 HACCP	Menu Type (See back of page.)		
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Certified F	ood Hand	lier L	J. ELWELL EXP 4/18/2028	7. Other (list) Montpolier	1/()_2	3	_45
• 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".							
Section#	P/Pf/C	R	Narrative			To Be C	orrected By
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