



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.

Establishment Name BLOCK BITES TRUCK	Telephone Number 9375640385	Date of Inspection (mm/dd/yyyy) 9/16/25	ID Number 5
Establishment Address (number and street, city, state, and ZIP code) 1237 US-27 PORTLAND, IN	Establishment () _____ Owner _____		
Owner ANGEL SOSA	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) OK to open	Follow-up	Release Date (mm/dd/yy) 9/16/25
Owner's Address (number and street, city, state, and ZIP code) same	Summary of Violations: P _____ Pf _____ C _____ R _____		
Person in Charge X AYRES	Menu Type (See back of page.)		
Responsible Person's E-mail mla			
Certified Food Handler DEILIN PASCUAL 10/08/24 ISSUE			

- 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".

Received by (name and title printed): <i>F Hayes</i>	Inspected by (name and title printed): <i>B. Bellino 4S-FSIO</i>	
Received by (signature): <i>F Hayes</i>	Inspected by (signature): <i>B. Bellino 4S-FSIO</i>	
cc:	cc:	cc: