

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.

			ents. The time limit for correction of cash violation is				
Establishm	RA 4	344	BURGERS	Telephone Number	Date of Inspection (mm/dd/yyy)	λ	ID Number
Establishm	nant Addi		number and street, city, state, and ZIP code)	Establishment		1	5
Establishin	9 N		TEPFERSON TARTER CH	()	8/28	125	
Owner	An	B	LEVINS	Purpose: 1. Routine	Follow-up	Releas	se Date (mm/dd/yy)
			er and street, city, state, and ZIP code)		0	-536-1-4	
10000				2. Follow-up	Summary of Violations:		
	Sam	5	Name of the state	3. Complaint	P Pf C R		
Person in G	Charge LAN	B	LEVINS	4. Pre-Operational	' ''-		
Responsib			The state of the s	5. Temporary	Menu Type (See back of page.)		
	~	IA		6. HACCP			
Certified F	ood Hanc	llor	and the second s	7. Other (list)	1 2	X 3	4 5
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	IAN		SLEVINUS (Jan borce)		######################################
• 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							orrected By
				- AMMIERANA			
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Received b	by (signatu	re):	The state of the s	Inspected by (signature):	1		1.11
x frall Election							2140
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