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: EGBERTS CONCESSIONS #2	Telephone Number: (419 953 4955	Date of Inspection (mm/dd/yyyy): 5/7/25	ID Number: 5
Establishment Address (number and street, city, state, and ZIP code): 510 oil st. ST MARYS OH 45885	Establishment ( ) SAME Owner		
Owner: DANIEL EGBERT	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) HERITAGE DAYS	Follow-up: NO	Release Date (mm/dd/yy): 5/17/25
Owner's Address (number and street, city, state, and ZIP code): SAME		Summary of Violations: P 1 Pf 1 C 1 R	
Person in Charge: William Ratliff			
Responsible Person's E-mail: dan@skatepollinghills.com		Menu Type (See back of page.): 1 2 X 3 4 5	
Certified Food Handler: DANIEL EGBERT EXP 2/16/2030			

- 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 Corrected By
	P		EMPLOYEES NOT WEARING beard guards while preparing food	5/8/25
	C		CONDOMENTS NOT COVERED FOR USE BY CUSTOMERS I.E PICKLES / ONIONS	Corrected
	PF		EMPLOYEE WEARING 1 glove PREPARING RTE Food	Corrected

Received by (name and title printed): × William Ratliff

Received by (signature): + [signature]

Inspected by (name and title printed): R. WILLIAMS

Inspected by (signature): [signature]

cc: | cc: | cc: