



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 #3		Telephone Number (419) 953-4955	Date of Inspection (mm/dd/yyyy) 5/17/25	ID Number 5
Establishment Address (number and street, city, state, and ZIP code) 510 oil st. ST MARYS OH 45885		Establishment () SAME		
Owner DAVID EGBERT		Owner SAME	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) HERITAGE	Follow-up NU
Owner's Address (number and street, city, state, and ZIP code)		Release Date (mm/dd/yy) 5/17/25		
Person in Charge KIRK WIE THOLTER		Summary of Violations: P 2 Pf - C 1 R -		
Responsible Person's E-mail dan@SKATERollinghills.com		Menu Type (See back of page.)		
Certified Food Handler DAVID EGBERT		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		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".

Received by (name and title printed):

X

Received by (signature):

14

Inspected by (name and title printed):

Inspected by (signature):

CC1

CC:

100