

## 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.

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Establishm	2	e Pa	of Soda Stop	Telephone Number (765) 499 3126	Date of ID Number Inspection		) Number
The state of the s				Establishment	(mm/dd/y)	lux)	_
Establishm 308			number and street, city, state, and ZIP code) HY FAIR LN HARTFORD CH	( )	7/)	4/25	)
Owner	U 174	tu:	5 & SARAN Mc (Lau)	Purpose: 1. Routine	Follow-up Release Date (mm/dd/yy) 7/24/25		
Owner's A	ddress (n	umbe	er and street, city, state, and ZIP code)		Cummo	or of Violeties	
5a				Follow-up     Complaint	Summary of Violations:		
Person in (	Charge			4. Pre-Operational	P P	f C	_ R
Responsib	le Persor	n's E-ı	mail	5. Temporary 6. HACCP	Menu Type (See back of page.)		
0 05 15	111		NIA	7. Other (list)	4 X 2	2 4	_
Certified F	ood Hand	iler	N/A (	AH )	1_/ \ 2	34	
• 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 BELO							TO CONTROL MAN
Section#	P/Pf/C	R	Narrative	WARRY TO THE TAXABLE PROPERTY OF T		To Be Corr	ected By
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