

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 parrative portion of this report

| | | | The time limit for correction of each violation is | specified in the narrative | portion o | this report | • |
|---|-----------------|----------|--|--|-------------------------------|----------------|--------------------|
| Establish | | | | Telephone Number | Date of ID Number | | ID Number |
| Heir | nes | 0 | ncessions | 317)529-5619 | Inspection (mm/dd/yyyy) | | _ |
| Heine's Concessions Establishment Address (number and street, city, state, and ZIP code) 40217 | | | | Establishment | 16/60 5 | | |
| 6651 Black Antler Circle Indianapolis IN | | | | 100 | 12/7 | (6) | |
| Owner Owner | | | | Owner Purpose: | Follow- | un Polose | e Date, (mm/dd/yy) |
| Litasha McFeters | | | | | No 5/17/2025 | | |
| Owner's Address (number and street, city, state, and ZIP code) | | | | 1. Routine | | | |
| San | ne as | | hove | 2. Follow-up | Summary of Violations: | | |
| Person in | |) (| ALOUVC | 3. Complaint | | | |
| 1 1 | asha | V | ncFeters | 4. Pre-Operational | ' ' | -T | R |
| Responsi | hle Person | n'e E | mail | 5. Temporary | | | |
| Посренен | 0101 0100 | | -iiaii | 6. HACCP | Menu Type (See back of page.) | | |
| Certified F | ood Hand | llor | | 7. Other (list) | ١ | X | |
| | | m | 1CFeters | Heritage DAYS | 1 2 3/\ 4 5 | | |
| Chasia History | | | | | | | |
| 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 | | |
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| Received by (name and title printed): 1 105/01. When the control of the printed | | | | | | | |
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