

## 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  Concessions - Lower Bay  Establishment Address (number and street, city, state, and ZIP code)  190 So. 4 6 3 w + Artfold Cuty  Owner  Owner  Owner Purpose:  1. Routine  2. Follow-up  3. Complaint  Apreoperational  5. Temporary  Menut Type (See back of page.)  4. Pre-Operational  6. HACCP  Other (fig.)  PRINCIPLY REAS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED P.  PRINCIPLY REAS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED P.  NOLLATIONS REPEATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARKY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  Sections PIPIC R  Received by (rame and other printed):  PRECEIVED A TOTAL S.  Received by (figurative):  Received by (figurative):  Received by (figurative):  CC.  CC.  CC.  CC.  CC.  CC.  CC.  C	Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.							
Establishment Address (number and street, city, state, and ZIP code)  NOME  Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 3. Complaint 4. Pre-Operational 5. Temporary 6. NACCP  PURPOSE 4. Pre-Operational 6. NACCP  PURPOSE 7. Colfer (list) 7. Complaint 8. Temporary 6. NACCP  PURPOSE 9. PI C R  Responsible Person's E-mail NAC  PERIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED 'P'  **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  Section III PIPIC R  Narrative  To Be Corrected By  Received by (name and title printed):  Received by (name and title printed):  Received by (signature):  Inspecticy to signature):  Inspecticy to signature	Establishment Name				Telephone Number			
Establishment Address (number and street, city, state, and ZIP code)  Owner  Owner  Owner  Owner  Owner  Owner  Owner  Owner  Owner  Perpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  Certified Food Handler  DEB BLACK  Certified Food Handler  OWNER  OWNER  PERPOSE  OWNER  Responsible Person's E-mail  NA  Certified Food Handler  DEB BLACK  PRIORITY ITEMS ARE DEBTHIFED IN THE CHECKLIST AND NARRATIVE COLLINAS MARKED TP*.  *VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  Narrative  To Be Corrected By  Received by (name and title printed):  PROSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  To Be Corrected By  Received by (name and title printed):  PROSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  To Be Corrected By  Received by (name and title printed):  PRIORITY INSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  To Be Corrected By  Received by (name and title printed):  PRIORITY INSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  To Be Corrected By  Received by (name and title printed):  PRIORITY INSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  To Be Corrected By  Received by (name and title printed):  PRIORITY INSPECTED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  PROSPECTED FOR PREVIOUS INSPECTION AS THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  PROSPECTED FOR PREVIOUS INSPECTION AS THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  PROSPECTED FOR PREVIOUS INSPECTION AS THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  PROSPECTED FOR PREVIOUS INSPECTION AS THE "SUMMARY OF VIOLAT	UN CONCESSIONS - LUNCH BOX				(6) 499. 3163			
Owner	Establishn				Establishment	01	phr 5	
Owner's Address (number and street, city, state, and ZIP code)  Owner's Address (number and street, city, state, and ZIP code)  Person in Charge  Person in Charge  Person in Charge  Certified Food Handler  PRIORITY TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED PY.  VIOLATIONS), REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".  Section# PIP#C R  Narrative  To Be Corrected By  Received by (name and title printed):  Received by (name and title printed):  The Section of the company of the printed of the p	119					0/2	8/25	
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Person in Charge  WEB BLACK  Responsible Person's E-mail  NA  Certified Food Handler  DEB BLACK  - PRIORITY TERS 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# PIPEC R  Narrative  To Be Corrected By  Narrative  To Be Corrected By  Received by (reang and title printed):  Received by (reang and title printed):  Received by (reginalize):  Inspectacy by (signature):  Inspectacy					1. Routine	NO 9/7/25		
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