

## 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.

			lents. The time limit for correction of each violation is	8.			
Establishm			ESSIONS (LUNCH BOX) pol	Telephone Number	Date of Inspection		ID Number
Fetablishm			number and street, city, state, and ZIP code)	Establishment 5163	(mm/dd/yyyy) 7/14/25 5		5
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Owner	0 10	7	63 so. HARPORD COLY	Owner Purpose:	Follow-	ın Releas	e Date <sub>#</sub> (mm/dd/yy)
).	ERD	Α	RLACK	1. Routine	Nº 7/24/25		
			er and street, city, state, and ZIP code)	2. Follow-up	Summary of Violations:		
5	JAME	5		3. Complaint			
Person in	Charge	_	DA Plans	4. Pre-Operational	P Pf C R		
			RA BLACK	5. Temporary			
Responsib	le Persor	ı's E-	NA	6. HACCP	Menu T	ype (See ba	ack of page.)
Certified F	ood Hand	ller		Other (list)	1 2	X 3	4 5
Continue	ood Hand	TE	pery BLACK		12_343		
• 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#		R	Narrative	IMART OF VIOLATIONS AND	III III III		orrected By
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Regular by (signature)							
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