



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 JEFF AMUSEMENT #2	Telephone Number () _____	Date of Inspection (mm/dd/yy) 8/22/25	ID Number 5
Establishment Address (number and street, city, state, and ZIP code) 5900 W CR 350 N	Establishment () _____		
Owner KEVIN JEFF	Owner () _____	Purpose:	Follow-up Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code) 5111 E	<p>1. Routine</p> <p>2. Follow-up</p> <p>3. Complaint</p> <p>4. Pre-Operational</p> <p>5. Temporary</p> <p>6. HACCP</p> <p>7. Other (list) Jamboree Montsélier</p>		
Person in Charge ABRA BROWN	Summary of Violations:		
Responsible Person's E-mail N/A	<input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R		
Certified Food Handler LAURA VAN DYKE EXP 3/11/28	Menu Type (See back of page.)		
	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

- 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 Alan Brown

Inspected by (name and title printed):

Received by (signature):

* Mrs Brown

Inspected by (signature):

CC:

CC:

CC