

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.

590 Owner	H J nent Addr O W NW J ddress (n	ess (r.)	NUSEMENTS #3 number and street, city, state, and ZIP code) PD 350 N MUNCLE LOT 46 H er and street, city, state, and ZIP code)	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection (mm/dd/yyyy) 8/28/25 Follow-up Release Date (mm/dd/yy) 9/7/2025 Summary of Violations: P_ Pf		
Responsib	ole Person	r's E-r	mail	5. Temporary 6. HACCP	Menu Type (See back of page.)		
Certified F	ood Hand URA	1 /	WIA WDyke Exp 3/11/28 (7. Other (list) Montplier	12	3	_45
• 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".							
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