

## **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.

Establish 505 Owner Owner's	Hany Address (A Charge	Fress lumb Q	ried Delights (number and street, city, state, and ZIP code) Neline Milford IN 46542 Reer Der and street, city, state, and ZIP code) Reer Reer	Telephone Number  574) 518-0652  Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary	Follow- Summa	tion (1777)  7/25  up Releas 5/7  ary of Violati	ID Number  5 e Date (mm/dd/yy) 7 (25
			NA	6. HACCP	1	) po (000 20	on or pages)
Certified Food Handler  Cother (list)  A  Cother (list)  Cother (list)							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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Received by (signature): Inspected by (signature):							
× Buttany Bear (1) + llw H)							
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