



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 <u>Nicks Fried Delight #2</u>	Telephone Number <u>(574) 518-0652</u>	Date of Inspection (mm/dd/yyyy) <u>5/7/25</u>	ID Number <u>5</u>
Establishment Address (number and street, city, state, and ZIP code) <u>505 W. Emeline Milford IN 46542</u>	Establishment () _____ Owner <u>Brittany Beer</u>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Heritage Days</u> 	Follow-up <u>NO</u> Release Date (mm/dd/yy) <u>5/17/25</u>
Owner <u>Brittany Beer</u>	Owner's Address (number and street, city, state, and ZIP code) <u>same as above</u>	Summary of Violations: <u>P</u> <u>Pf</u> <u>C</u> <u>R</u>	
Person in Charge <u>Brittany Beer</u>	Responsible Person's E-mail <u>N/A</u>	Menu Type (See back of page.) <u>1</u> <u>2</u> <u>X</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <u>BRITTANY BEERS EXP 2026</u>			

- 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):

* Brittany Beer
Received by (signature)

Inspected by (name and title printed):

Wallace 45

Received by (signature):

Received by (Signature):
*** Buttons Beer**

from www.english-test.net

Inspected by (signature):
K. Wallheiser

CC:

CC:

CC: