

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.

			ents. The time limit for correction of	T COOTT VIOLATION TO		-y-www.war		
Establishment Name KED TRAILER SHAKEUPS					Telephone Number	Date of Inspection (mm/dd/yyy		ID Number
Establishment Address (number and street, city, state, and ZIP code)					Establishment	(IIIII) Galyyy	0/	5
					()	8K	٥(₽ .
11 ZO GAST CO RD 700 SOUTH MUNCIF					Owner			
Owner					Purpose:	Follow-up	Releas	e Date (mm/dd/yy)
Owner 3 EAN MillER					1. Routine		9	11125
Owner's Address (number and street, city, state, and ZIP code)					2. Follow-up	Summary of Violations:		
SAM 5					3. Complaint			
Person in Charge					Section State and Company of Section 2012	P Pf C R		
1000	An) 10	1.1	HP	4. Pre-Operational				
Responsib	A V	111		5. Temporary	Menu Typ	e (See b	ack of page.)	
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		NIA			7. Other (list)	Va	2	4 5
Certified F		ller //	11 ~		HERITAGE	1 1 2	3	_43
SEX	tn.	N(.	ll EP		Day 5	1		
• 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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Section#	P/Pt/C	R		Narrative			10 De C	orrected by
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