

## 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.

	Requ	uirem	s specified in the narrative	ortion of	this repor	L.	
Establishn	nent Name	= /	1	Telephone Number	Date of ID Number		
KOR	.5	Kr	to Head	7656039680	Inspection (mm/dd/yyyy)		~
Fetablishn	nent Addr	000 (	number and street, city, state, and ZIP code)	Establishment			5
130	% V	J	Spencer Ave Marion I	( )	8(Z	8/25	
Owner	5			Purpose:	Follow-L	p Releas	e Date (mm/dd/yy)
\	<0BE			1. Routine	NO 9/7/25		
Owner's A			er and street, city, state, and ZIP code)	2. Follow-up	Summary of Violations:		
	SA	ME		3. Complaint			
Person in				4. Pre-Operational	P Pf C R		
	DA	M		5. Temporary		-	
Responsib	ole Persor	r's E-		6. HAGER	Menu Ty	ype (See b	ack of page.)
			<u> </u>	7. Other (list)	4 ,	3×	4 5
Certified F	ood Hand	ller S	mit 9/29/2025 EXP	(Montpoler)	123 \( \) 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".							
Section#	P/Pf/C	R	Narrative			To Be C	orrected By
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