

## 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.

TEXAS TEMBELOINS LLC								Telephone Number Date of Inspecti			ID Number
Establishment Address (number and street, city, state, and ZIP code)							Establishment	(mm/dd/yyyy)			
							( )	8/29	125		
64	551	U	1100 E	VAN	BUR	en +	N .	Owner	<u> </u>		
Owner								Purpose:	Follow-up Release Date (mm/dd/yy)		
DALE / DENISE BECK							1. Routine	9/7/25			
Owner's Address (number and street, city, state, and ZIP code)							2. Follow-up	Summary of Violations:			
SAME								Summary of Violations.			
							3. Complaint	P Pf C R			
Person in Charge							4. Pre-Operational	, , ,			
Danise Beck							5. Temporary				
Responsible Person's E-mail								Menu Type (See back of page.)			
NIA							6. HACCP				
Certified F	ood Hand	ller		75,000		****		7. Other (list)	1 2 3 4 5		
1 11 - 2 2 - 20 1								Therefore of			
Delic 132 (San Francisco)											
• 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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