

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:			The same same real controllers of cash violation to opening in the national		
Establishr	TEL 1	ie O E	(number and street, city, state, and ZIP code) Telephone Number (165 499 169) Establishment	Date of Inspecti	ion
Establishr	ment Add	ress	(number and street, city, state, and ZIP code) Establishment	1	
1309) N	u	PAZNOT St. HARTFORD CITY OWNER	412	4/25
Owner			Purpose:	Follow-u	
1)A	WN	W	1. Routine	NU) 4/24/25
			er and street, city, state, and ZIP code) 2. Follow-up	Summa	ry of Violations:
30	IE	KI	CKADOO ST, HARTFORD CHy 3. Complaint		ry or violationo.
Person in	Charge	-		P F	of CR
CHI	Ai	0)	4. Pre-Operational		
Responsit		n's E	mail 5. Temporary	Menu Ty	pe (See back of page.)
			N/A 6. HACCP		.)
Certified Food Handler 7. Other (list)					χ_3 4 5
CHAD OYLER EXP 4/7/30 (OK TO OPEN)					
• 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 Corrected By
			OK to 00001 1001 24 2	525	
			ON 10 OPER APPAIL ET &	JC3	
	COMMISSARY-ADDROVED				
	FOR BOTH FLID FLUD TRAILERS				
	1 2 LOCATED AT 1309 N WAINT				
			HARTFORD City		
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				6	
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11.6		X	INSOECTION DOWN BARRY ON		
	X INSPECTION DONE BASINO ON 410IAC 7-26 X				
			TUINC 160 T		
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Received by (signature):					
1/1/ Keller 45					
cc: cc:					
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