



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 THE FLIP FLOP #2	Telephone Number 765 348 8196 Establishment () _____ Owner _____	Date of Inspection 5/7/25	ID Number 5
Establishment Address (number and street, city, state, and ZIP code) 1309 N WALNUT ST. HARTFORD CT			
Owner DAWN WINGER	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Heritage	Follow-up NO	Release Date (mm/dd/yy) 5/17/25
Owner's Address (number and street, city, state, and ZIP code) SAME	Summary of Violations: P ___ Pf ___ C ___ R ___		
Person in Charge CHAD Oxley	Menu Type (See back of page.)		
Responsible Person's E-mail N/A	1 ___ 2 ___ 3 ___ 4 ___ 5 ___		
Certified Food Handler CHAD Oxley			

• 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): <i>✓ Chad Okey</i>	Inspected by (name and title printed): <i>B. Wallenius et/s</i>	
Received by (signature): <i>✓</i>	Inspected by (signature): <i>B. Wallenius</i>	
CC:	CC:	CC: