

## 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.

Owner Tenn	ment Add	ie Mg ress WC Ste	hing Leman (number and street, city, state, and ZIP code) Uncel HC IN 47348	Telephone Number (937) 902-4918  Establishment ( ) Owner  Purpose:  1. Routine	Date of Inspection (mm/dd/yyyy)  5/7/25		ID Number  5 e Date (mm/dd/yy)
Person in Person in Responsil	Charge Nille ble Person	90 Stan's E-	ephenson -mail Hellewson	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  P Pf C R  Menu Type (See back of page.)  1 2 3 4 5		
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  OK TO OPEN	)		To Be Co	orrected By
			INSPECTION DONE PET	R IAC 410	- 7.	-26	
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Received by (name and title printed):  **Notice And Control of the Social Socia							
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