

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.

			Tierits. The time limit for correction of each violation is	s specified in the narrative	portion of	this report.	
Establish		2250		Telephone Number	Date of ID Number		ID Number
lhe	Mob	ile	Sweet Tooth	(317) 740-4112	Inspect (mm/dd/		
Establishment Address (number and street, city, state, and ZIP code)				Establishment	\ . <i>i</i>	/	5
Establishment Address (number and street, city, state, and ZIP code) 1867 E. Markland Ave hokomo IN 4690				()	15/	7/25	
Owner Owner				Owner Purpose:	Tallaw.		Data ((-1-16)
Michael Issa				1 19V.	Follow-	5/1	Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code)				1. Routine	3/11/25		
Co.	Address (2. Follow-up	Summary of Violations:		
	me c	12	above	3. Complaint		1	
Person in			1166	4. Pre-Operational	P F	Pf C <u> </u>	R
	Net	_		5. Temporary			
Responsil	ble Perso	n's E		NAME AND ADDRESS OF THE PARTY O	Menu T	ype (See bac	k of page.)
			MA	6. HACCP	1		
Certified F				7, Other (list)	1 1 1/2	2 3	4 5
Kassidy Issa (Heritage Days							·—·—
- 34 13500							
• 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 Cor	rected By
	C		SANITIZER QUAT IS NO	T MASTASIED	111	Corr	4 4
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	* NEED Allergy Notification to Customer X						
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x m// 1999 1550							
h ag com							
Received by (signature):							
MINORIAN /CO							
CC:		-	CC:	11/	cc:		
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