



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 <u>THE SIP SQUAD</u>	Telephone Number <u>(765) 216 5465</u>	Date of Inspection <u>8/28/25</u>	ID Number <u>5</u>
Establishment Address (number and street, city, state, and ZIP code) <u>2209 W VILLAGE DR MUNCIE</u>	Establishment () _____		
Owner <u>STEPHEN BELT & Ashley Calhoun</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>None</u>	Follow-up	Release Date (mm/dd/yy) <u>9/1/25</u>
Owner's Address (number and street, city, state, and ZIP code) <u>SAME</u>	Summary of Violations: <u>P 1 Pf 1 C 0 R 0</u>		
Person in Charge <u>X Stephen Belt</u>	Menu Type (See back of page.) <u>1 X 2 3 4 5</u>		
Responsible Person's E-mail <u>N/A</u>			
Certified Food Handler <u>STEPHEN BELT EXP 6/22/2028</u>			

• 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):

x Steiner Belt

Inspected by (name and title printed):

W. H. Nichols

Received by (signature):

~~✓~~ ~~✓~~

Inspected by (signature):

K. Klemm WS

CC

CC

CC