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: ADVENTURER'S PIT STOP	Telephone Number: (812) 345-8362 Establishment ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 6-12-25	ID Number:
Establishment Address (*number and street, city, state, and ZIP code*): 2568 Mt. Liberty Rd			
Owner: Shelby Gaither	Purpose: 1. Routine	Follow-up	Release Date (*mm/dd/yy*): 6-23-25
Owner's Address (*number and street, city, state, and ZIP code*): Same	2. Follow-up	Summary of Violations:	
Person in Charge: Shelby Gaither	3. Complaint	P 0 Pf 0 C 0 R 0	
Responsible Person's E-mail:	4. Pre-Operational		
Certified Food Handler: Shelby Gaither	5. Temporary	Menu Type (*See back of page.*)	
	6. HACCP	1___ 2___ 3 X 4___ 5___	
	7. Other (*list*) _____		

- 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
			No violations observed at time of inspection	

Received by (*name and title printed*): Shelby Gaither	Inspected by (*name and title printed*): Jennifer Heller EHS
Received by (*signature*): Shelby Gaither	Inspected by (*signature*): [signature]
cc:	cc:
	cc: