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: Honey Run Kettle Corn	Telephone Number: 812) 620-7585 Establishment ( ) Owner	Date of Inspection (mm/dd/yyyy): 5-23-25	ID Number:
Establishment Address (number and street, city, state, and ZIP code): 10130 E Honey Run Rd			
Owner: Joe Bundy	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: no	Release Date (mm/dd/yy): 5-23-25
Owner's Address (number and street, city, state, and ZIP code): same		Summary of Violations: P 0 Pf 0 C 0 R 0	
Person in Charge: Joe Bundy			
Responsible Person's E-mail: Jbundy7585@icloud.com		Menu Type (See back of page.): 1 X 2 3 4 5	
Certified Food Handler: N/A by menu			

- 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 VIOLATION OBSERVED AT TIME OF INSPECTION	

Received by (name and title printed): Joe Bundy	Inspected by (name and title printed): Jennifer Heller EHS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: