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	Telephone Number	Date of Inspection (mm/dd/yyyy)	ID Number
HONEY RUN POPCORN	812) 620-7585 Establishment ( ) Owner	6-12-25	

Establishment Address (number and street, city, state, and ZIP code)	Purpose:	Follow-up	Release Date (mm/dd/yy)
10130 E Honey Run Rd Rekin	1. Routine	no	6-22-25
Owner Jo Bundy	2. Follow-up		
Owner's Address (number and street, city, state, and ZIP code) same	3. Complaint	**Summary of Violations:** P 0 Pf 0 C 0 R 0	
Person in Charge Jo Bundy	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	**Menu Type** (See back of page.)	
Certified Food Handler N/A by mgmt	6. HACCP	1 X 2 3 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):	Inspected by (name and title printed):
Jo Bundy	
Received by (signature): Jo Bundy	**Inspected by (signature):**

cc:	cc:	cc: