



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>24 Moon Bakery & Sausage Shop</u>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <u>9-20-28</u>	ID Number <u>27</u>
Establishment Address (number and street, city, state, and ZIP code) <u>684 W. Jefferson, Upland</u>	Establishment () _____		
Owner <u>Jennifer Jaski</u>	Owner <u>Jennifer Jaski</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>W</u> Release Date (mm/dd/yy) <u> </u>
Owner's Address (number and street, city, state, and ZIP code) <u>Same</u>	Summary of Violations: P <u> </u> Pf <u> </u> C <u> </u> R <u> </u>		
Person in Charge <u>Jennifer Jaski</u>	Menu Type (See back of page.)		
Responsible Person's E-mail <u> </u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler <u> </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): <i>Jennifer Jarski</i>	Inspected by (name and title printed): <i>Deon Sosa</i>	
Received by (signature): <i>Jennifer Jarski</i>	Inspected by (signature): <i>Deon Sosa (PSA)</i>	
cc:	cc:	cc: