



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 <i>B35 Concessions</i>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>8/7/25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>108 W. County Line Rd. St. Louis</i>	Establishment () _____	Owner	
Owner <i>Arthur Byns</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Soda & Water cooler need to have product fixed on site with lids up</i>	Follow-up	Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Summary of Violations: P _____ Pf _____ C _____ R _____		
Person in Charge <i>Arthur Byns</i>	Menu Type (See back of page.) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____		
Responsible Person's E-mail <i>simoneymcclure</i>			
Certified Food Handler <i>simoneymcclure</i>			
<p>• PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".</p>			
Section#	P/Pf/C	R	Narrative
			<i>Soda & Water cooler need to have product fixed on site with lids up</i>
Received by (name and title printed): <i>Jessica Wagnleitner</i>	Inspected by (name and title printed): <i>Kyle Kelley</i>		
Received by (signature): <i>Jessica Wagnleitner</i>	Inspected by (signature): <i>Kyle Kelley</i>		
cc: <i>Jessica Wagnleitner</i>	cc:		cc: