



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 Backyard Butchers	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) 10/21/25	ID Number 27
Establishment Address (number and street, city, state, and ZIP code) 1620 S. Friendswood Dr. Suite 200	Establishment () _____		
Owner Erik Mueller	Owner Erik Mueller	Purpose:	Follow-up Release Date (mm/dd/yy) 10 Days
Owner's Address (number and street, city, state, and ZIP code) 500 Sampson St. Friendswood, TX	Summary of Violations: <input checked="" type="checkbox"/> Pf <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R		
Person in Charge Erik Mueller			
Responsible Person's E-mail erikmueller123@gmail.com			
Certified Food Handler Matthew W. Mueller	Menu Type (See back of page.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5		

- 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>Jason Mobley</i>	Inspected by (name and title printed): <i>Angela R. Williams</i>	
Received by (signature): <i>Jason Mobley</i>	Inspected by (signature): <i>Angela R. Williams 1510</i>	
CC:	CC:	CC: