



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 Bandit Shaker	Telephone Number () _____	Date of Inspection (mm/dd/yyyy)	ID Number
Establishment Address (number and street, city, state, and ZIP code) 1771 S. Lakeshore Drive	Establishment () _____	8/07/27	
Owner Scott Jangir	Owner () _____	Purpose:	Follow-up
Owner's Address (number and street, city, state, and ZIP code) 511ne	Owner's Address (number and street, city, state, and ZIP code) () _____	1. Routine	Release Date (mm/dd/yyyy)
Person in Charge Scott Jangir	Person in Charge () _____	2. Follow-up	8/07/27
Responsible Person's E-mail SCOTT.JANGIR@GMAIL.COM	Responsible Person's E-mail () _____	3. Complaint	Summary of Violations:
Certified Food Handler SCOTT JANGIR	Certified Food Handler () _____	4. Pre-Operational	P <u> </u> Pf <u> </u> C <u> </u> R <u> </u>
		5. Temporary	Menu Type (See back of page.)
		6. HACCP	1 2 3 4 5
		7. Other (list) <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):

(name and title printed): *Christina Dalton*

Inspected by (name and title printed):

Received by (signature):

Christina Porta

Inspected by (signature):

CC:

CC

CC