



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>Bloom Bakery</u>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <u>9-6-28</u>	ID Number <u>27</u>
Establishment Address (number and street, city, state, and ZIP code) <u>3801 Skyline Ct.</u>	Establishment () _____		
Owner <u>Jessica Brodt</u>	Owner () _____	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <input checked="" type="radio"/>	Follow-up <u>NO</u> Release Date (mm/dd/yyyy)
Owner's Address (number and street, city, state, and ZIP code) <u>5Cm</u>	Summary of Violations: P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <u>Jessica Brodt</u>	Menu Type (See back of page.)		
Responsible Person's E-mail			
Certified Food Handler <u>Jessica Brodt</u>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Inspected by (name and title printed):

~~Received by (signature):~~

Inspected by (signature)

CCW

CC

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