



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 Christopher Confections	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) 8/1/25	ID Number 27
Establishment Address (number and street, city, state, and ZIP code) 1330 S. CO RD. 400E	Establishment () _____	Follow-up <input checked="" type="checkbox"/> Release Date (mm/dd/yy) NO	
Owner Hamdy & Pam Christopher	Owner Same	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Pam Christopher 4/8/24	
Owner's Address (number and street, city, state, and ZIP code)	Summary of Violations:	P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Hamdy & Pam Christopher	Menu Type (See back of page.)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail	• 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".			
Section#	P/Pf/C	R	Narrative
			No violations at this time
Received by (name and title printed): Kevin Conway		Inspected by (name and title printed): LL MORG	
Received by (signature): Kevin Conway		Inspected by (signature): LL MORG	
CC:	CC:	CC:	CC: