



## 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>Epic Kots LLC</i>	Telephone Number (   ) <u>260</u> - Establishment ( <u>336-8700</u> )	Date of Inspection (mm/dd/yyyy) <u>9/9/25</u>	ID Number <u>27</u>		
Establishment Address (number and street, city, state, and ZIP code) <i>304 E. 700 North, Huntington</i>					
Owner <i>Carolyn Lehman</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up	Release Date (mm/dd/yyyy) <i>10 Days</i>		
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Summary of Violations:				
Person in Charge <i>Carolyn</i>	FEL-2025-170	P _____	Pf _____ C _____ R _____		
Responsible Person's E-mail <i>None</i>	Menu Type (See back of page.)				
Certified Food Handler <i>Carolyn Lehman</i>	8/22/23	1 _____	2 _____	3 <input checked="" type="checkbox"/> 4 _____	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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC

CC

CC