



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>Wadsworth Concessions Inc.</u>	Telephone Number (407) _____	Date of Inspection (mm/dd/yyyy) <u>9-5-2023</u>	ID Number <u>27</u>
Establishment Address (number and street, city, state, and ZIP code) <u>201 N Pompano Ave, Pompano Beach, FL</u>	Establishment () _____	Owner <u>Robert & Sue Gordan</u>	
Owner <u>Robert & Sue Gordan</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u></u>	Follow-up <u>ND</u>	Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code) <u>Same</u>	Summary of Violations: <u></u>		
Person in Charge <u>Robert & Sue Gordan</u>	P <u> </u> Pf <u> </u> C <u> </u> R <u> </u>		
Responsible Person's E-mail <u></u>	Menu Type (See back of page.)		
Certified Food Handler <u>Robert Gordan</u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <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): <i>Jim Greene</i>	Inspected by (name and title printed): <i>Deon Smith</i>	
Received by (signature): <i>Jim Greene</i>	Inspected by (signature): <i>Deon Smith</i>	
CC:	CC:	CC: