



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>Selton Lemonade Shakes</u>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <u>9-23</u>	ID Number <u>27</u>
Establishment Address (number and street, city, state, and ZIP code) <u>5601 E C1. 5005, Phoenix</u>	Establishment () _____		
Owner <u>Bennie Selton</u>	Owner <u>Bennie Selton</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <input type="text"/>	Follow-up <u>NO</u> Release Date (mm/dd/yy) <u></u>
Owner's Address (number and street, city, state, and ZIP code) <u>Same</u>	Summary of Violations: <u>P</u> <u>Pf</u> <u>C</u> <u>R</u>		
Person in Charge <u>Bennie Selton</u>	Menu Type (See back of page.)		
Responsible Person's E-mail <u>Melissa Overbay</u>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <u>Melissa Overbay</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):

Inspected by (name and title printed)

Kronne Averbay
Received by (signature): 

Inspected by (signature):

Received by (signature):

Received by (signature):
Yvonne Overholser

Inspected by (signature):

Inspected by (Signature):
Deen Bell

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