



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>H3m Concessions</i>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>9/5/25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>1610 N. Wheeling Ave. Goshen</i>	Establishment () _____		
Owner <i>Elaina Hollowell</i>	Owner () _____	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Follow-up Bridge Festival</i>	Follow-up Release Date (mm/dd/yy) <i>P Pf C R</i>
Owner's Address (number and street, city, state, and ZIP code) <i>5amp</i>	Summary of Violations: <i>P Pf C R</i>		
Person in Charge <i>Elaina Hollowell</i>	Menu Type (See back of page.) <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i>Elaina.Hollowell@comcast.net</i>			
Certified Food Handler <i>Elaina Hollowell</i>			
<p>• PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".</p>			
Section#	P/Pf/C	R	Narrative
			<i>No Violations</i>
Received by (name and title printed): <i>Elaina Hollowell</i>	Inspected by (name and title printed): <i>Elaina Hollowell</i>		
Received by (signature): <i>Elaina Hollowell</i>	Inspected by (signature): <i>Elaina Hollowell</i>		
CC:	CC:	CC:	