



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>H3M Concessions</u>		Telephone Number () _____ Establishment () _____ Owner	Date of Inspection (mm/dd/yyyy) <u>9/5/25</u>	ID Number <u>27</u>	
Establishment Address (number and street, city, state, and ZIP code) <u>16101 N. Wheeling Ave. Gaston</u>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Food Festival</u>	Follow-up	Release Date (mm/dd/yy)	
Owner <u>Elaina Holloway</u>			Summary of Violations: P ___ Pf ___ C ___ R ___		
Owner's Address (number and street, city, state, and ZIP code) <u>Same</u>			Menu Type (See back of page.) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___		
Person in Charge <u>Elaina Holloway</u>					
Responsible Person's E-mail					
Certified Food Handler <u>Elaina Holloway</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".					
Section#	P/Pf/C	R	Narrative		To Be Corrected By
			<u>No violations</u>		
Received by (name and title printed): <u>Elaina Holloway</u>			Inspected by (name and title printed): <u>[Signature]</u>		
Received by (signature): <u>Elaina Holloway</u>			Inspected by (signature): <u>[Signature]</u>		
CC:		CC:	CC:		