



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>Hudson Miss Ice Cream</i>	Telephone Number () _____	Date of Inspection (mm/dd/yy) <i>9/5/25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>5744 W 675 E Rochester, In</i>	Establishment () _____		
Owner <i>Country Garden Fresh</i>	Owner () _____	Purpose:	Follow-up Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code) <i>500</i>	<p>1. Routine</p> <p>2. Follow-up</p> <p>3. Complaint</p> <p>4. Pre-Operational</p> <p>5. Temporary</p> <p>6. HACCP</p> <p>7. Other (list) <i>Matthew</i></p>		
Person in Charge <i>Don Kramer</i>	<p><input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R</p>		
Responsible Person's E-mail	Menu Type (See back of page.)		
Certified Food Handler <i>Don Kramer</i>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>		

- 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): Lester Ramer	Inspected by (name and title printed): John W. Johnson	
Received by (signature): Lester Ramer	Inspected by (signature): John W. Johnson (SJD)	
CC:	CC:	CC: