

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.

	Keqi	unei	nents. The time limit for correction of each violation is	s specified in the flarrative	portion of	tilis report.	
Establishment Name				Telephone Number	Date of Inspect	ion	
Smarm Durable				() Establishment	(mm/dd/y	(УУУ)	
Establishment Address (humber and street, city) state, and zir code)					91	20 74	
130/12 2ND St.				() Owner	1~4	a l	
Owner O A A O				Purpose:	Follow-	up Release Date (mm/dd/yy)	
Windle CON				1. Routine	Ne		
Owner's Address (number and street, city, state, and ZIP code)				2. Follow-up	Summa	ry of Violations:	
				3. Complaint			
Person in Ch		,		4. Pre-Operational	P	Pf C R	
Der.		-	Jim Luci	5. Temporary	M T	(0 - 1 - 1 - 5)	
Responsible	Person	r's E	-mail	6. HACCP	Menu I	ype (See back of page.)	
Certified Foo	od Hand	ler		7. Other (list)	1 2	1/3 4 5	
510	D D	Y	BOAMBY		''		
• 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# F	P/Pf/C	R	Narrative			To Be Corrected By	
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Darah II 1			I military.	Increased by the second second	frat 0		
Received by (name and title printed): ANTONY US (SN WN) Inspected by (name and title printed):							
Received by (signature):							
cc:	CC: CC: CC:						