



TEMPORARY EVENT INSPECTION REPORT

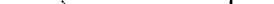
State Form 22116 (R10 / 4-25)
SDH Form 51-0001

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>Heis Diner Good #2</i>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>9-5-2025</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>3923 S. Washington</i>	Establishment () _____		
Owner <i>Donna Yell</i>	Owner () _____	Purpose:	Follow-up
Owner's Address (number and street, city, state, and ZIP code) <i>50mp</i>	Owner () _____	Release Date (mm/dd/yy) <i></i>	
Person in Charge <i>Donna Yell</i>	Person in Charge () _____	Summary of Violations:	
Responsible Person's E-mail <i></i>	Responsible Person's E-mail () _____	P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>	
Certified Food Handler <i>Donna Yell</i>	Certified Food Handler () _____	Menu Type (See back of page.)	
		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
		7. Other (list) <i></i>	

- 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): <i>Dorian Lee</i>	Inspected by (name and title printed): <i>Ben Sill</i>	
Received by (signature): 	Inspected by (signature): <i>Ben Sill</i> <i>BSJ</i>	
CC:	CC:	CC:



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