



# 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>Chris Lemonade LLC</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>106 S. Center St Easton</i>		Establishment (   ) _____		
Owner <i>Christopher Gibson</i>		Owner (   ) _____	Purpose: 1. Routine	Follow-up
			2. Follow-up	Release Date (mm/dd/yy)
			3. Complaint	Summary of Violations: <i>P   Pf   C   R</i>
			4. Pre-Operational	
			5. Temporary	
			6. HACCP	
			7. Other (list) <i>Cold/Hot Food Storage</i>	Menu Type (See back of page.) <i>1 2 3 4 5</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>	To Be Corrected By
Received by (name and title printed): <i>Christopher Gibson</i>			Inspected by (name and title printed): <i>John H. Williams</i>	
Received by (signature): <i>Chris</i>			Inspected by (signature): <i>John H. Williams</i>	
CC:		CC:	CC:	