

**TEMPORARY EVENT INSPECTION REPORT**State Form 22116 (R10 / 4-25)
SDH Form 51-0001Indiana 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 McAuliffe		Telephone Number () _____	Date of Inspection (mm/dd/yyyy) 9/6/25	ID Number 27
Establishment Address (number and street, city, state, and ZIP code) 16670 N Cr. 600 W. Goshen		Establishment () _____		
Owner Brittney McAuliffe		Owner Brittney McAuliffe	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up Release Date (mm/dd/yy) P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>
Owner's Address (number and street, city, state, and ZIP code) 5000		Summary of Violations: P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge Brittney McAuliffe		Menu Type (See back of page.) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Responsible Person's E-mail				
Certified Food Handler Brittney McAuliffe				
<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): Frances Mays			Inspected by (name and title printed): <i>AKM</i>	
Received by (signature): <i>Mays</i>			Inspected by (signature): <i>AKM 7/25/00</i>	
CC:		CC:	CC:	