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.

Field	Value
Establishment Name	Meme's Baked Goods
Establishment Address (*number and street, city, state, and ZIP code*)	609 E South "A" St., Gas City
Owner	Maegan Burbank
Owner's Address (*number and street, city, state, and ZIP code*)	Same
Person in Charge	Maegan
Responsible Person's E-mail	—
Certified Food Handler	Maegan Burbank
Telephone Number	( ) ______ Establishment; (765) 667 9534 Owner
Date of Inspection (*mm/dd/yyyy*)	3/7/26
ID Number	27
Purpose:	1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) ______
Follow-up	No
Release Date (*mm/dd/yy*)	10 Days
Summary of Violations:	P___ Pf___ C___ R___
Menu Type (*See back of page.*)	1___ 2 X 3___ 4___ 5___

• 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#	P/Pf/C	R	Narrative	To Be Corrected By
			No Violations	

Received by (*name and title printed*): Maegan Burbank

Received by (*signature*): [signature]

Inspected by (*name and title printed*): Angela R McCallum

Inspected by (*signature*): [signature] 7510

cc:

cc:

cc: