



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>Unicorn Key Sweets</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>5848 Kellogg Kamp</i>	Establishment () _____		
Owner <i>Kim Johnson</i>	Owner <i>Kim Johnson</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP <input checked="" type="checkbox"/> Other (list) <hr/>	Follow-up <i>NO</i> Release Date (mm/dd/yy) <i></i>
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Summary of Violations: P <input type="checkbox"/> Pf <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <i>Kim Johnson</i>	Menu Type (See back of page.)		
Responsible Person's E-mail <i></i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>KA</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>Lisa Johnson</i>	Inspected by (name and title printed): <i>Deon Sny</i>	
Received by (signature): <i>Lisa Johnson</i>	Inspected by (signature): <i>Deon Sny</i>	
cc:	cc:	cc: