

**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>Domestic Hibachi</i>		Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>9-6-25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>1401 W. Lemonas Ave</i>		Establishment () _____		
Owner <i>TDAs Dining Brings Patriotic Hibachi</i>		Owner <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Same</i>	Follow-up <i>No</i> Release Date (mm/dd/yy) <i>P Pf C R</i>
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>		Summary of Violations:		
Person in Charge <i>TDAs Dining Brings Patriotic Hibachi</i>		Menu Type (See back of page.) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i>Same</i>				
Certified Food Handler <i>Same</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	To Be Corrected By
			<i>No violations</i>	
Received by (name and title printed): <i>Dewi</i>			Inspected by (name and title printed): <i>Dewi</i>	
Received by (signature): <i>HHS</i>			Inspected by (signature): <i>Dewi</i>	
CC:		CC:	CC:	