



# 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>Outlaws Deep Fried Chicken</i>			Telephone Number ( ) _____ Establishment ( ) _____ Owner		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>800 E Elm St. Union City</i>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Matthews Green Bridge Festival</i>		Follow-up	Release Date (mm/dd/yy)
Owner <i>Kenneth McGabe</i>					Summary of Violations: P ___ Pf ___ C ___ R ___	
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>					Menu Type (See back of page.) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge <i>Kenneth McGabe</i>						
Responsible Person's E-mail						
Certified Food Handler <i>Jimmy Snyder</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".						
Section#	P/Pf/C	R	Narrative			To Be Corrected By
			<i>No violations</i>			
Received by (name and title printed): <i>Katie Helligoss</i>			Inspected by (name and title printed): <i>Matthews Green Bridge Festival</i>			
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>			
CC:		CC:		CC:		