



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 <u>Red delicious Smoothie</u> | Telephone Number () _____ | Date of Inspection (mm/dd/yyyy) <u>9-5-2025</u> | ID Number <u>27</u> |
| Establishment Address (number and street, city, state, and ZIP code) <u>495 W. 14th Street, Madras, OR 97741</u> | Establishment () _____ | | |
| Owner <u>Jill Kelli Purdy</u> | Owner <u>Jill Kelli Purdy</u> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u> | Follow-up |
| Owner's Address (number and street, city, state, and ZIP code) <u>Same</u> | Release Date (mm/dd/yy) | | |
| Person in Charge <u>Jill Kelli Purdy</u> | Summary of Violations: P <u> </u> Pf <u> </u> C <u> </u> R <u> </u> | | |
| Responsible Person's E-mail <u> </u> | Menu Type (See back of page.) | | |
| Certified Food Handler <u>Kelli Purdy</u> | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | | |

- 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):

Jeff Purdy

Inspected by (name and title, printed)

Dear Sirs

Received by (signature):

Inspected by (signature):

88

22

10