



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>Red Barn - Elephant Eats</i>	Telephone Number () _____	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>12477 N. 300 W., Macy, UT 84695</i>	Establishment () _____		
Owner <i>Coffman's Concessions</i>	Owner () _____	Purpose:	Follow-up
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>		1. Routine	Release Date (mm/dd/yy)
Person in Charge <i>Andrew Coffman</i>		2. Follow-up	
Responsible Person's E-mail <i>redbarmars@gmail.com</i>		3. Complaint	Summary of Violations:
Certified Food Handler		4. Pre-Operational	P _____ Pf _____ C _____ R _____
		5. Temporary	Menu Type (See back of page.)
		6. HACCP	
		7. Other (list) _____	1 _____ 2 _____ 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".

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

GGT

CC