



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>Rob's Kitchen</i>		Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>8/7/25</i>	ID Number <i>27</i>	
Establishment Address (number and street, city, state, and ZIP code) <i>1306 W. Spencer Ave</i>		Establishment () _____			
Owner <i>Rob Smith</i>		Owner () _____			
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Popcorn to go</i>	Follow-up Release Date (mm/dd/yy)		
Person in Charge <i>Rob Smith</i>		Summary of Violations: P _____ Pf _____ C _____ R _____			
Responsible Person's E-mail		Menu Type (See back of page.) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____			
Certified Food Handler <i>Rob Smith</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 at this time</i>		
Received by (name and title printed): <i>R</i>			Inspected by (name and title printed): <i>Kyle Kelly</i>		
Received by (signature):			Inspected by (signature): <i>Kyle Kelly</i>		
CC:		CC:	CC:		