



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>Bob's Kitchen</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>1306 W. Spencer Ave</i>	Establishment () _____		
Owner <i>Bob Smith</i>	Owner <i>Bob Smith</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <input type="text"/>	Follow-up <i>No</i> Release Date (mm/dd/yyyy)
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Summary of Violations: <i>P ___ ~ Pf ___ C ___ R ___</i>		
Person in Charge <i>Bob Smith</i>	Menu Type (See back of page.)		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Robert Smith</i>	1 <input type="text"/> 2 <input checked="" type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		

- 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): <i>Bob Smith</i>	Inspected by (name and title printed): <i>Don Long</i>	
Received by (signature): <i>Bob Smith</i>	Inspected by (signature): <i>Don Long</i>	
CC:	CC:	CC: