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: Stump Kettle Corn	Telephone Number: ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 3/20/26	ID Number: 27
Establishment Address (number and street, city, state, and ZIP code): 13 Shady Ln. Marion, In			
Owner: Steve Gomori	Purpose: 1. Routine	Follow-up: NO	Release Date (mm/dd/yy): 10 Days
Owner's Address (number and street, city, state, and ZIP code): Same	2. Follow-up	Summary of Violations:	
Person in Charge: Steve Gomori	3. Complaint	P— Pf— C— R—	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page.)	
Certified Food Handler: NA	6. HACCP	1 X 2 3 4 5	
	7. Other (list) _____		

• 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
			No Violations	

Received by (name and title printed): Steve Gomori	Inspected by (name and title printed): Angela R. McGallum
Received by (signature):	Inspected by (signature):
cc:	cc:
	cc: