



## TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)  
SDH Form 51-0001Indiana 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>Taco Don Burro</i>		Telephone Number (   ) _____	Date of Inspection (mm/dd/yyyy) <i>9/1/25</i>	ID Number <i>27</i>		
Establishment Address (number and street, city, state, and ZIP code) <i>1504 Mason Blvd., Marion, IN</i>		Establishment (   ) _____				
Owner <i>Orisio Santillan</i>		Owner (   ) _____	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>(Matthews) (Matthews Burro) (Matthews Burro) (Matthews Burro) (Matthews Burro) (Matthews Burro) (Matthews Burro)</i>	Follow-up	Release Date (mm/dd/yy) <i>9/1/25</i>	
Owner's Address (number and street, city, state, and ZIP code)		Summary of Violations: P ____ Pf ____ C ____ R ____				
Person in Charge		Menu Type (See back of page.) 1 ____ 2 ____ 3 ____ 4 ____ 5 ____				
Responsible Person's E-mail						
Certified Food Handler						
<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 Sanitization steps on site No Sanitization steps on site Must haul both on site at all times</i>			
			<i>Have information on proper sanitization and food truck guidelines to include checklist</i>			
Received by (name and title printed): <i>JOSEPH</i>			Inspected by (name and title printed): <i>Matthews</i>			
Received by (signature):			Inspected by (signature): <i>Matthews</i>			
CC:		CC:	CC:			