



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 TACO DON BURRO #1			Telephone Number () _____ Establishment () _____ Owner		Date of Inspection (mm/dd/yyyy) 9/25	ID Number 27
Establishment Address (number and street, city, state, and ZIP code) 1504 Mason Blvd., Muncie IN			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (If so) Market/Bridge Festival		Follow-up	Release Date (mm/dd/yy)
Owner Osiris Santillan					Summary of Violations: P ____ Pf ____ C ____ R ____	
Owner's Address (number and street, city, state, and ZIP code)					Menu Type (See back of page.) 1 2 3 4 5	
Person in Charge						
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
			No sanitization no sanitization steps on site must have both on site at all times			
			Give information on proper sanitization and food truck guidelines to include check list			
Received by (name and title printed): JOSIE			Inspected by (name and title printed): Amelia			
Received by (signature):			Inspected by (signature): Amelia			
CC:		CC:		CC:		