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 #2	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): 1504 Mason Blvd Marion	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up	Release Date (mm/dd/yy): 10 Days
Owner: Osiris		Summary of Violations: P___ Pf 2 C___ R___	
Owner's Address (number and street, city, state, and ZIP code): same			
Person in Charge: Osiris		Menu Type (See back of page.) 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail: ←			
Certified Food Handler: Osiris Santillan			

- 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
395	Pf		Blocked hand sinks	COS
347	Pf		No hot water	ASAP

Received by (name and title printed): Osiris Santillan	Inspected by (name and title printed): Angela McCallum
Received by (signature):	Inspected by (signature):
cc:	cc:
cc:	cc:

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 2	Telephone Number () Establishment: 765-603-8006 Owner:	Date of Inspection (mm/dd/yyyy): 3/12/26	ID Number: 27
Establishment Address (number and street, city, state, and ZIP code): 1504 Mason Blvd. Marion	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: Yes	Release Date (mm/dd/yy): 10 Days
Owner: Osiris Santillan		Summary of Violations: P 3 Pf 1 C___ R___	
Owner's Address (number and street, city, state, and ZIP code): Same			
Person in Charge: Osiris		Menu Type (See back of page.) 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail:			
Certified Food Handler: Osiris Santillan 5/20/23			

- 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
317	P	16	No sanitization Made up	ASAP
317	P	16	No Water	COS
359	PF	10	Employee not able to wash hands	ASAP
142	P	8	Put gloves on without hand washing	ASAP

Received by (name and title printed): Osiris Santillan	Inspected by (name and title printed): Angela McCallum
Received by (signature): Osiris Santillan	Inspected by (signature): Angela McCallum FSD

cc:	cc:	cc: