



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>The Beverage Buggy</i>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) <i>10/24/25</i>	ID Number <i>27</i>
Establishment Address (number and street, city, state, and ZIP code) <i>409 So. 475 West lot 2, Wabash</i>	Establishment <i>6505714001</i>	Owner <i>Jenny Wilson</i>	
Owner <i>Jenny Wilson</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date (mm/dd/yyyy) <i>10 Days</i>
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Summary of Violations:		
Person in Charge <i>Jenny</i>	P _____ Pf _____ C _____ R _____		
Responsible Person's E-mail <i>None</i>	Menu Type (See back of page.)		
Certified Food Handler <i>N/A</i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

CC: