



## 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>One Dirty Ranch</i>	Telephone Number (   ) _____	Date of Inspection (mm/dd/yyyy) <i>9/8/2028</i>	ID Number <i>29</i>
Establishment Address (number and street, city, state, and ZIP code) <i>907 S. Main St. Jonesboro</i>	Establishment (   ) _____		
Owner <i>Marietta Brandon's Kitchen</i>	Owner <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Marietta Brandon's Kitchen</i>	Follow-up <i>NO</i>
Owner's Address (number and street, city, state, and ZIP code) <i>Same</i>	Release Date (mm/dd/yy)		
Person in Charge <i>Marietta Brandon's Kitchen</i>	Summary of Violations:  <i>P   Pf   C   R</i>		
Responsible Person's E-mail <i></i>	Menu Type (See back of page.)		
Certified Food Handler <i>Marietta Brandon</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): <b>Marisa Bohlander</b>	Inspected by (name and title printed): <b>Don Sims</b>
Received by (signature): 	Inspected by (signature): 
cc: 	cc: 