



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 Nutrition Nook</i>	Telephone Number () _____	Date of Inspection (mm/dd/yyyy)	ID Number
Establishment Address (number and street, city, state, and ZIP code) <i>122 Elmwood St</i>	Establishment () _____	Owner	
Owner <i>Nicole H. Dabb</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up	Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code)	Summary of Violations:		
Person in Charge <i>Nicole H. Dabb</i>	P _____ Pf _____ C _____ R _____		
Responsible Person's E-mail	Menu Type (See back of page.)		
Certified Food Handler <hr/>	1 _____ 2 _____ 3 _____ 4 _____ 5 _____		

- 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): <i>Lainey Brookbord</i>	Inspected by (name and title printed): <i>Kyle Kelly S</i>	
Received by (signature): <i>Lainey Brookbord</i>	Inspected by (signature): <i>Kyle Kelly S</i>	
CC:	CC:	CC: