



## 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 <u>Ship Shape</u>	Telephone Number (   ) _____	Date of Inspection (mm/dd/yyyy) <u>8/2/25</u>	ID Number <u>27</u>		
Establishment Address (number and street, city, state, and ZIP code) <u>19206 Dolep Dr (Westfield</u>	Establishment (   ) _____				
Owner <u>Culinary Services, LLC</u>	Owner <u>Sam</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up		
Owner's Address (number and street, city, state, and ZIP code) <u> </u>	Release Date (mm/dd/yy) <u> </u>				
Person in Charge <u>Sam</u>	Summary of Violations:				
Responsible Person's E-mail <u> </u>	P <u> </u>	Pf <u> </u>	C <u> </u>	R <u> </u>	
Certified Food Handler <u>Sam</u>	Menu Type (See back of page.)				
	1 <u> </u>	2 <u> </u>	3 <u> </u>	4 <u> </u>	5 <u> </u>

- 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>Diane M. Miller</i>	Inspected by (name and title printed): <i>Lyle A. M. Jones</i>	
Received by (signature): <i>DR</i>	Inspected by (signature): <i>761788</i>	
CC:	CC:	CC: