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: B3K Sidney Shack	Telephone Number: ( ) _____ Establishment; ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 5-24-26	ID Number: 27
Establishment Address (number and street, city, state, and ZIP code): 12099 N. 400 E. Alexandria	Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list) _____	Follow-up: No	Release Date (mm/dd/yy): 11 days
Owner: Judi Parton & John Parton		Summary of Violations: P 1 Pf — C 1 R —	
Owner's Address (number and street, city, state, and ZIP code): Same			
Person in Charge: Judi & John Parton		Menu Type (See back of page.): 1 2X 3 4 5	
Responsible Person's E-mail:			
Certified Food Handler: Sydney Parton			

- 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
	P		HANDSINK Blocked	
	C		HAIR Restraint Required	

Received by (name and title printed): Sydney Parton	Inspected by (name and title printed): Dean Smith FSP
Received by (signature):	Inspected by (signature): Dean Smith

cc:	cc:	cc: