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: Bloom Bakery	Telephone Number ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 5/16/25	ID Number: 27
Establishment Address (number and street, city, state, and ZIP code): 3801 Skyline Ct. Marion			
Owner: Jessica Brodt	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Mama Pearson Spring Event	Follow-up	Release Date (mm/dd/yy): 10 days
Owner's Address (number and street, city, state, and ZIP code): Same		Summary of Violations: P___ Pf___ C___ R___	
Person in Charge: Jessica Brodt			
Responsible Person's E-mail:		Menu Type (See back of page.) 1___ 2_X_ 3___ 4___ 5___	
Certified Food Handler: Jessica Brodt			

- 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
			no violations	

Received by (*name and title printed*): Dena L Johnson

Received by (*signature*): Dena L Johnson

Inspected by (*name and title printed*): Angela K Hoffman

Inspected by (*signature*): Angela K Hoffman RSO

cc:

cc:

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