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: Dr's Divine Delights	Telephone Number: ( ) _____ Establishment; ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 5-2-26	ID Number: 27
Establishment Address (number and street, city, state, and ZIP code): 1815 S. Washington St.			
Owner: Andrea Robinson	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):
Owner's Address (number and street, city, state, and ZIP code): Same		Summary of Violations: P___ Pf___ C___ R___	
Person in Charge: Andrea Robinson			
Responsible Person's E-mail:		Menu Type (See back of page.): 1 X 2 3 4 5	
Certified Food Handler: Andrea Robinson			

- 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): Andrea Robinson	Inspected by (name and title printed): Doug Smith
Received by (signature): Andrea N Robinson	Inspected by (signature):
cc:	cc:
cc:	cc: