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: Hale's Kitchen	Telephone Number: ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (*mm/dd/yyyy*): 4-1-26	ID Number: 27
Establishment Address (*number and street, city, state, and ZIP code*): 4610 S. 900 E. Upland	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: Stephanie Hale		Summary of Violations: P___ Pf___ C___ R___	
Owner's Address (*number and street, city, state, and ZIP code*)			
Person in Charge: Stephanie Hale		Menu Type (*See back of page.*): 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler: Stephanie Hale			

- 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*): Stephanie Hale	Inspected by (*name and title printed*): Debbie Smith
Received by (*signature*): Stephanie Hale	Inspected by (*signature*): Debbie Smith RSP
cc:	cc:
cc:	