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: Mauck's	Telephone Number ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (*mm/dd/yyyy*): 6/20/26	ID Number: 27
Establishment Address (*number and street, city, state, and ZIP code*): 16670 N. CR 600 W., Burton	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) French Market	Follow-up	Release Date (*mm/dd/yy*): 10/26/26
Owner: Britany Mauck		Summary of Violations: P___ Pf___ C___ R___	
Owner's Address (*number and street, city, state, and ZIP code*): Same		Menu Type (*See back of page.*) 1___ 2___ 3 X 4___ 5___	
Person In Charge: Britany			
Responsible Person's E-mail: mauckscatering@gmail.com			
Certified Food Handler: Britany Mauck 2/14/22			

- 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*): Britany Mauck

Received by (*signature*): Britany Mauck

Inspected by (*name and title printed*): Angela M McCallum

Inspected by (*signature*): Angela M McCallum RS

cc: | cc: | cc: