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 Off the Grid - dlp	**Telephone Number** ( ) _____ Establishment ( ) _____ Owner	**Date of Inspection** *(mm/dd/yyyy)* 3-25-2026	**ID Number** 27
Establishment Address *(number and street, city, state, and ZIP code)* 1005 E. Montpelier Pike	**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)* 10 days
Owner Shane & Gretchen Myers		**Summary of Violations:** P___ Pf___ C___ R___	
Owner's Address *(number and street, city, state, and ZIP code)*		**Menu Type** *(See back of page.)* 1___ 2___ 3 /0 4___ 5___	
Person in Charge Shane & Gretchen Myers			
Responsible Person's E-mail			
Certified Food Handler Shane & Gretchen Myers			

- 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*): Shane Myers	Inspected by (*name and title printed*): Dawn Snap
Received by (*signature*): Shane Myers	Inspected by (*signature*): Dawn Snap RS
cc:	cc:
	cc: