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: Pump Corner	**Telephone Number**: ( ) _____ Establishment ( ) _____ Owner	**Date of Inspection** (*mm/dd/yyyy*): 4/22/26	**ID Number**: #27
Establishment Address (*number and street, city, state, and ZIP code*): 3103 S. Washington St	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Both Days	**Follow-up**: NO	**Release Date** (*mm/dd/yy*): Both Days
Owner: Jerry Battiste		**Summary of Violations:** P___ Pf___ C___ R___	
Owner's Address (*number and street, city, state, and ZIP code*): Same			
Person in Charge: Jerry Battiste		**Menu Type** (*See back of page.*) 1 X 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler			

- 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*): Jerry Battiste	Inspected by (*name and title printed*): Amanda Callum
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: