

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 Ruby's CORNER	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) 3103 S. Washington St.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up	Release Date (mm/dd/yyyy) 10 Days
Owner Gerry Battista		Summary of Violations:	
Owner's Address (number and street, city, state, and ZIP code) Same		P____ Pf____ C____ R____	
Person in Charge Gerry Battista		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".

[illegible]

Received by (name and title printed): Jeannette Lynch		Inspected by (name and title printed): Angela R. Altem	
Received by (signature): Jeannette Lynch		Inspected by (signature): Angela R. Altem	
cc:		cc:	