# 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: Rob's Kitchen #2 | Telephone Number ( ) _____ Establishment ( ) _____ Owner | Date of Inspection (mm/dd/yyyy): 2-25-26 | ID Number: 27 |
| Establishment Address (*number and street, city, state, and ZIP code*): 1306 W Spencer Ave | | | |
| Owner: Rob Smith | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____ | Follow-up | Release Date (*mm/dd/yy*) |
| Owner's Address (*number and street, city, state, and ZIP code*) | | Summary of Violations: P___ Pf___ C___ R___ | |
| Person in Charge: Rob | | | |
| Responsible Person's E-mail: — | | Menu Type (*See back of page.*) 1___ 2___ 3___ 4___ 5___ | |
| Certified Food Handler: Rob Smith | | | |

- 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*): Angie Timmons | Inspected by (*name and title printed*): Dean Smith |
| Received by (*signature*): | Inspected by (*signature*): |
| cc: | cc: |
| cc: | cc: |