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	Telephone Number	Date of Inspection (*mm/dd/yyyy*)	ID Number
Rob's Kitchen #2 Big Daddy's	( ) _____ Establishment	4/22/26	#27
Establishment Address (*number and street, city, state, and ZIP code*)	( ) _____ Owner		
1306 W. Spencer Ave. Marion			
Owner	**Purpose:**	**Follow-up**	**Release Date** (*mm/dd/yy*)
Rob Smith	1. Routine	NO	
Owner's Address (*number and street, city, state, and ZIP code*)	2. Follow-up	**Summary of Violations:**	
	3. Complaint	P___ Pf___ C___ R___	
Person in Charge	4. Pre-Operational		
Rob Smith	5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page.*)	
	7. Other (*list*) _____	1___ 2___ 3_X_ 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*):	Inspected by (*name and title printed*):
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: