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: Jacob Don Burrd #1	Telephone Number: ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 4/25/26	ID Number: #27
Establishment Address (number and street, city, state, and ZIP code): 1504 Mason Blvd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 1/24 Spoiled Cow	Follow-up: NO	Release Date (mm/dd/yy): 10 days
Owner: Doris Santillan		Summary of Violations: P 1 Pf 1 C___ R___	
Owner's Address (number and street, city, state, and ZIP code):			
Person in Charge: Doris Santillan		Menu Type (See back of page.): 1___ 2___ 3___ X 4___ 5___	
Responsible Person's E-mail:			
Certified Food Handler: Doris Santillan			

- 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
274	Pf		No thermometers on site	Today
310	P		Improperly thawing of shrimp and cheese — need to be under constant running water or refrigerated overnight	CDS

Received by (name and title printed): Christina Santillan

Received by (signature): Christina Santillan

Inspected by (name and title printed): Angela McCollum

Inspected by (signature): Angela McCollum RSO

cc: | cc: | cc: