Reset Form

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 AMAZN AZN	**Telephone Number** ( ) _____ Establishment ( ) _____ Owner	**Date of Inspection** (*mm/dd/yyyy*) 5/2/2025	**ID Number** 645
Establishment Address (*number and street, city, state, and ZIP code*) 255 HALF ST WABASH IN 46992			
Owner AEYAI SAENGKEO	**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 AEYAI SAENGKEO			
Responsible Person's E-mail		**Menu Type** *(See back of page.)* 1___2___3___4___5___	
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*): AEYAI SAENGKEO	Inspected by (*name and title printed*): JEREMY SEACAT
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: / cc: