

## 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.

-	-		ients. The time limit for correction of each violat		portion of	
Establishn	nent Name	) T 4		Telephone Number	Date of Inspect	ion
<u> </u>	(4)/4) 1	<u> </u>	number and street, city, state, and ZIP code)	Establishment	(mm/dd/s	
Establishn	nent Addr	ess (	number and street, city, state, and ZIP code)		1 12	1227 501
1 3211	V 20	0	W WABASH IN 4699	Owner	12/2	
Owner	_			Purpose:	Follow-	up Release Date (mm/dd/yy)
EMI	MET.	20	er and street, city, state, and ZIP code)	1. Routine		1.5/12/2025
Owner's A	ddress (n	umb	er and street, city, state, and ZIP code)	2. Follow-up	Summa	ry of Violations:
				3. Complaint		19 01 11014
Person in	Charge			-	P F	Pf C R
FW	1M 67	_	MCIVE MY	4. Pre-Operational		
Responsib	le Person	's E-	mail	======================================	Menu T	ype (See back of page.)
'				6. HACCP		, 5
Certified E	<del>oed H</del> and	ler		7. Other (list)	1 2	2 3 4 5
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PRIORITY	ITEMS ARE	IDEN	ITIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "P".		
• VIOLATIO	N(S) REPEA	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NA	RRATIVE BELOW AS "R".
Section#	P/Pf/C	R	Narrativ	ve		To Be Corrected By
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			No VIOLATION	77		
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Possived b	v (name a	nd tit	la printadi:	Inspected by (name and ti	tle printed):	
Received by (name and title printed):  Inspected by (name and title printed):  TERCMY SOACHT						
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Received b	y (signatui	'e):	11/2	Inspected by (signature):	Ty	
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