

## **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  NICIAS DOG CART  Establishment Address (number and street, city, state, and ZIP code) 46942  III Z N MIAMI ST WABASK IN  Owner  Nicholas W PALMER  Owner's Address (number and street, city, state, and ZIP code)  Person in Charge  Nicholas W PALMER  Responsible Person's E-mail  Certified Ecod Handler  • PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARK				Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Jemporary  6. HACCP  7. Other (list) KED "P".	Date of Inspect (mm/dd/)  Follow-Inspect (mm/dd/)  Follow-Inspect (mm/dd/)	ry of Violation C_	ID Number  356 Date (npm/dd/yy) 12 25 ions:
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".							
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