



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 TACOS LOS GORDOS	Telephone Number () _____	Date of Inspection (mm/dd/yyyy) 5/2/2025	ID Number 487
Establishment Address (number and street, city, state, and ZIP code) 10515 STATE Rd 105 South whiteley 46787 IN	Establishment () _____		
Owner Naomi GOMEZ - RAMIREZ	Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Naomi GOMEZ - RAMIREZ	Follow-up	Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code)	Summary of Violations:		
Person in Charge	P _____ Pf _____ C _____ R _____		
Responsible Person's E-mail	Menu Type (See back of page.)		
Certified Food Handler ✓	1 _____ 2 _____ 3 _____ 4 _____ 5 _____		

- 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".

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

In

[Signature]

CC:

CC

CC: