

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 The Beverase Buggy Establishment Address (number and street, city, state, and ZIP/code) 4995 475 W LOTZ WARRAM TW 46992 Owner Sensy wilson Person in Charge Sensy wilson								() Establisl () Owner Purpos 1. Rout 2. Folic 3. Com 4. Pre-d	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary		Date of ID Number Inspection		
Responsible Person's E-mail Certified Food Handler							6. HAC 7. Othe	СР		Menu Type (See back of page.) 1 2 3 4 5			
	N(S) REPE	ATED F	FIFIED IN THE CHECK			ENOTED I			VIOLATIONS"	AND IN	I THE NAF		ELOW AS "R".
						A-71	ZNS	5					
Received b	y (name a	M	printed):	\$ \\	cc:)		JE	d by (name ar EQMY dby (signature	5	printed):	AT	/