

Inspector (Signature)

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

8[22/25]	
Release Date	Date

W 202 950 961	TAIL FOOD E	ESTABLISHMENT FPORT		3 ZZ	1				Date 8/12/2	.5	
State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH		No. of Risk Factor/Intervention Vid			OK Time In			ĺ			
		No. of Nisk Factorinter vention vio						Time Out			
F00	D PROTECTIO	N DIVISION	No	of Done	net Dick	Factor/Interven	tion	0			
			Viol	ations	18 0000						
		Address 0520 W 300 A		City/St		21 1047 11	Zip Cod	е	Telephone		
OUTDOOR E	ES CAPE	HARTFORD CITY, I	RIFORD CITY, IN			HARTFORD CITY, 4			17348 765-348-		
License/Permit #				Pho	urpose of Inspection Est. Type Risk Category						
2025 -	0(1	outdoor escape	-	15	00+	INE	KESTA	lura in	3		
	FOO	DBORNE ILLNESS RISK FACTO	RS A				ENTION	S			
Circle designate	d compliance statu	is (IN, OUT, N/O, N/A) for each numbered it	em	A Contractorial		Mar	k "X" in ap	propriate b	ox for COS and/or R		
IN=in compliance O	OUT=not in complia	nce N/O=not observed N/A=not ap	plicab	-		COS=correct	ed on-site	during insp		_	
Compliance Stati			cos	- C	<u> </u>	liance Status	enocition o	f returned	previously served,	S R	
Pers	presentation of the present of the second	pervision ent, demonstrates knowledge, and	T	17	דטל או	N/A N/(11	sposition on oned & uns		previously served,		
	orms duties				<u> </u>	Time/Te	mperatur	e Control	for Safety		
2 IN OUT N/A N/O Cert	tified Food Protecti					N/AN/O Proper co				\perp	
	Empl	oyee Health				N/AN/O Proper re				+	
		ployee and conditional employee; lities and reporting				N/A WO Proper of				+	
	per use of restriction					N/A(N/O) Proper co					
	***************************************	ding to vomiting and diarrheal events		23	TUQUI	N/A N/O Proper da	ate marking	g and dispo	sition		
	Good Hyg	gienic Practices		24	INOUT	N/AN/O Time as records	a Public H	lealth Cont	rol; procedures &		
6 IN OUT N/ANIO Prop	per eating, tasting,	drinking, or tobacco products use	П	100 M		The second secon	Consume	r Advisor	y		
7 IN OUT N/A N/O No c	discharge from eye	s, nose, and mouth		25	TUO NI	N/AN/O Consume food	er advisory	provided f	for raw/undercooked		
	Preventing Cont	amination by Hands					y Suscep	tible Popi	ulations		
8 IN OUT N/A N/O Han	nds clean & properl	y washed		26	(IN)OUT				pited foods not offered		
		with RTE food or a pre-approved				DASSENTAL EL ROS DE SEU ET LE CONTRACTOR L'ARCONTRACTOR L'ARCONTRA	Activity and the section of	ethicker in the second	ic Substances		
	mative procedure					N/A N/O Food add				+	
10(IIV)001 WATVO Ade	10(IN)OUT N/A N/O Adequate handwashing sinks properly supplied and accessible 28 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified, stored, & used 20 (IN)OUT N/A N/O Toxic substances properly identified in the interval identified in the interval identified in the interval identified in the identi										
11 IN OUT N/A N/O Foo	d obtained from ap	estate particular and a violation of the control of	П	29	IN OUT	N/AN/O Compliar process/F	ce with va	riance/spe	cialized		
12 IN OUT N/A N/O Foo	d received at prope	er temperature		+	1	process/F	ACCP	TANKING TO SERVICE TO		ᅥ	
		n, safe, & unadulterated		_ [
para	parasite destruction Public health interventions are control measures to prevent foodborne illness or injury.										
15 (IN OUT N/A N/O Foo				ا	1000020	orne mness or man					
16 IN OUT NA NO Foo	d-contact surfaces					ASI		70531	0.000000000000000000000000000000000000	oranies och	
		GOOD RET			Agazin Walder						
Mark "X" in box if numbers		ices are preventative measures to control to empliance Mark "X" in appropriate bo				cos=correct				ion	
Compliance Statu		mpiance was A mappiophate be	cos			liance Status	od on one	da, mg mop		OS R	
		ood and Water					Contract of the last of the la	e of Utens	ils		
	eggs used where				43 44	In-use utensils: pro			torod dried 0 has died	\dashv	
	from approved so	urce ted processing methods	\vdash		45	Single-use/single-s			stored, dried, & handled rly stored & used	+	
GE Variance of		erature Control			46	Gloves used prope	erly				
1 33 1 1	and the state of t	adequate equipment for		202		The state of the s			Vending		
temperature	control properly cooked for	hot holding	\vdash		47	Food & non-food of properly designed,			lable,		
	nawing methods us		T	7 7	48	Warewashing facil			ained, & used; test	\top	
	ers provided & acc		+		49	Strips Non-food contact s	surfaces cle	ean		+	
Themonet	the state of the s	dentification					Physical	Facilities			
37 Food proper	rly labeled; origina		L T		50	Hot & cold water a				+	
38 Insects, rod	Prevention of F ents, & animals no	ood Contamination	T	520355	51 52	Plumbing installed Sewage & wastew				+	
		ng food preparation, storage & display			53	Toilet facilities: pro					
40 Personal cle	eanliness				54				cilities maintained	+	
	hs: properly used & uits & vegetables	stored	++		55 56	Physical facilities i Adequate ventilation				\dashv	
I vvasining iru	are a sederanies	1 15 kg	1 1						,	_	
Person In Charge (Sign	nature)	- Colling	_				D	ate: O	12/25		

Follow-up: YES NO (Circle one) Follow-up Date: