

 <p><b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b>          State Form 57480 (R2 / 4-25)          INDIANA DEPARTMENT OF HEALTH          FOOD PROTECTION DIVISION</p>	Release Date <div style="font-size: 1.5em; font-weight: bold;">6/03/25</div>	Date <div style="font-size: 1.5em; font-weight: bold;">5/23/2025</div>	
	No. of Risk Factor/Intervention Violations <div style="font-size: 1.5em; font-weight: bold;">5</div>	Time In <div style="font-size: 1.5em; font-weight: bold;">2:40pm</div>	Time Out
	No. of Repeat Risk Factor/Intervention Violations <div style="font-size: 1.5em; font-weight: bold;">Ø</div>		

Establishment <i>Brown County Inn</i>	Address <i>51 E St Rd 46</i>	City/State <i>Nashville TN</i>	Zip Code <i>47448</i>	Telephone <i>812.988.2291</i>
License/Permit #	Permit Holder <i>Courtney Eosser</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>Full</i>	Risk Category <i>3</i>

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable  
 Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection R=repeat violation

Compliance Status	Description	COS	R
<b>Supervision</b>			
1 <input checked="" type="radio"/> IN	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN	Certified Food Protection Manager		
<b>Employee Health</b>			
3 <input checked="" type="radio"/> IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN	Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>			
6 <input checked="" type="radio"/> IN	Proper eating, tasting, drinking, or tobacco products use		
7 <input checked="" type="radio"/> IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="radio"/> IN	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 <input checked="" type="radio"/> IN	Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>			
11 <input checked="" type="radio"/> IN	Food obtained from approved source		
12 <input checked="" type="radio"/> IN	Food received at proper temperature		
13 <input checked="" type="radio"/> IN	Food in good condition, safe, & unadulterated		
14 <input checked="" type="radio"/> IN	Required records available: molluscan shellfish identification, parasite destruction		
<b>Protection from Contamination</b>			
15 <input checked="" type="radio"/> IN	Food separated and protected		
16 <input checked="" type="radio"/> IN	Food-contact surfaces; cleaned & sanitized		

  

Compliance Status	Description	COS	R
<b>Time/Temperature Control for Safety</b>			
17 <input checked="" type="radio"/> IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
<b>Time/Temperature Control for Safety</b>			
18 <input checked="" type="radio"/> IN	Proper cooking time & temperatures		
19 <input checked="" type="radio"/> IN	Proper reheating procedures for hot holding		
20 <input checked="" type="radio"/> IN	Proper cooling time and temperature		
21 <input checked="" type="radio"/> IN	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN	Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN	Proper date marking and disposition		<input checked="" type="checkbox"/>
24 <input checked="" type="radio"/> IN	Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>			
25 <input checked="" type="radio"/> IN	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26 <input checked="" type="radio"/> IN	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>			
27 <input checked="" type="radio"/> IN	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
29 <input checked="" type="radio"/> IN	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation

Compliance Status	Description	COS	R
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

  

Compliance Status	Description	COS	R
<b>Proper Use of Utensils</b>			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) <i>[Signature]</i>	Date:
Inspector (Signature) <i>[Signature]</i>	Follow-up: YES NO (Circle one) Follow-up Date:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date 5/23/2025

Establishment: Brown & Lynn, Address: 51 E St Rd 46, City/State: Nashville TN, Zip Code: 37218, Telephone: 912-788-2291

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN=in compliance, OUT=not in compliance, N/A=not applicable, COS=corrected on-site during inspection, R=repeat violation

Table with 2 main sections: 57 IN OUT N/A N/O Outdoor Food Operation and 58 IN OUT N/A N/O Mobile Retail Food Establishment. Includes columns for COS and R.

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Contains handwritten entries like Tarter sauce (38), Squash Curry (52), etc.

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Description of violation, Complete by Date. Contains handwritten entries such as '306 CORE NON-FOOD CONTACT SURFACES...' and '214 PF TCS Food cannot be held longer than 7 days'.

Person In Charge (Signature) [Signature], Date: 5/23/2025
Inspector (Signature) [Signature], Date: 5/23/2025

