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|  <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p> | Release Date | 11/02/25 | Date | 10/22/25 |
| | No. of Risk Factor/Intervention Violations | | Time In | 11:00am |
| | No. of Repeat Risk Factor/Intervention Violations | | Time Out | 11:35am |
| | Establishment | Address | City/State | Zip Code |
| Brownie's | 5730 N STRD135 | Morgantown Washington | 1N 46160 | |
| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | Risk Category |
| | Paul Lattimore | Follow-up | | 3 |

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


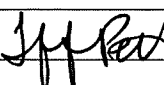
| Compliance Status | Description | COS | R | Compliance Status | Description | COS | R |
|--|---|-----|---|--|--|-----|---|
| Supervision | | | | | | | |
| 1 | Person in charge present, demonstrates knowledge, and performs duties | | | 17 | Proper disposition of returned, previously served, reconditioned & unsafe food | | |
| 2 | Certified Food Protection Manager | | | Time/Temperature Control for Safety | | | |
| Employee Health | | | | | | | |
| 3 | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 18 | Proper cooking time & temperatures | | |
| 4 | Proper use of restriction and exclusion | | | 19 | Proper reheating procedures for hot holding | | |
| 5 | Procedures for responding to vomiting and diarrheal events | | | 20 | Proper cooling time and temperature | | |
| Good Hygienic Practices | | | | | | | |
| 6 | Proper eating, tasting, drinking, or tobacco products use | | | 21 | Proper hot holding temperatures | | |
| 7 | No discharge from eyes, nose, and mouth | | | 22 | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | | | |
| 8 | Hands clean & properly washed | | | 23 | Proper date marking and disposition | | |
| 9 | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | 24 | Time as a Public Health Control; procedures & records | | |
| 10 | Adequate handwashing sinks properly supplied and accessible | | | Consumer Advisory | | | |
| Approved Source | | | | | | | |
| 11 | Food obtained from approved source | | | 25 | Consumer advisory provided for raw/undercooked food | | |
| 12 | Food received at proper temperature | | | Highly Susceptible Populations | | | |
| 13 | Food in good condition, safe, & unadulterated | | | 26 | Pasteurized foods used; prohibited foods not offered | | |
| 14 | Required records available: molluscan shellfish identification, parasite destruction | | | Food/Color Additives and Toxic Substances | | | |
| Protection from Contamination | | | | | | | |
| 15 | Food separated and protected | | | 27 | Food additives: approved & properly used | | |
| 16 | Food-contact surfaces; cleaned & sanitized | | | 28 | Toxic substances properly identified, stored, & used | | |
| | | | | 29 | 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 | Compliance Status | Description | COS | R |
|---|---|-----|---|--|--|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | Pasteurized eggs used where required | | | 43 | In-use utensils: properly stored | | |
| 31 | Water & ice from approved source | | | 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | Variance obtained for specialized processing methods | | | 45 | Single-use/single-service articles: properly stored & used | | |
| Food Temperature Control | | | | Utensils, Equipment and Vending | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | 46 | Gloves used properly | | |
| 34 | Plant food properly cooked for hot holding | | | 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 35 | Approved thawing methods used | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 36 | Thermometers provided & accurate | | | 49 | Non-food contact surfaces clean | | |
| Food Identification | | | | Physical Facilities | | | |
| 37 | Food properly labeled; original container | | | 50 | Hot & cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | | | | |
| 38 | Insects, rodents, & animals not present | | | 51 | Plumbing installed; proper backflow devices | | |
| 39 | Contamination prevented during food preparation, storage & display | | | 52 | Sewage & wastewater properly disposed | | |
| 40 | Personal cleanliness | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 41 | Wiping cloths: properly used & stored | | | 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 42 | Washing fruits & vegetables | | | 55 | Physical facilities installed, maintained, & clean | | |
| | | | | 56 | Adequate ventilation & lighting; designated areas used | | |

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|---|--|
| Person In Charge (Signature)  | Date: 10/22/25 |
| Inspector (Signature) Tiffany Pettit  | Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (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 10/22/2025

Establishment: Brownie's, Address: 5730 N St Rd 135, City/State: Morgantown, Zip Code: 46160, Telephone: [blank]

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

Compliance Status table for items 57 and 58. Item 57: Outdoor Food Operation, IN, COS, R. Item 58: Mobile Retail Food Establishment, IN, COS, R.

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes entries like Reach in cooler, mushrooms, Sausage, Hot line queso, gravy, Beverage AIR FREEZER, WALK IN COOLER, Ham, SALAD COOLER, WALK IN FREEZER.

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Description, Complete by Date. Row 1: NO VIOLATIONS OBSERVED AT TIME OF INSPECTION.

Person In Charge (Signature)

[Handwritten signature]

Date: 10/22/25

Inspector (Signature)

[Handwritten signature]

Date: 10/22/25



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FOOD PROTECTION DIVISION

License/Permit #

Date

10/22/25

Establishment

Address

City/State

Zip Code

Telephone

Brownie's

WAB 5730 N. St Rd 135

Morgantown IN

46160

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

Published Comment

No violations at time of inspection

Person In Charge (Signature)

Date: 10/22/25

Inspector (Signature)

Date: 10/22/25