

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION	Release Date	8-8-25	Date	7-28-25
	No. of Risk Factor/Intervention Violations	0	Time In	2:45
	No. of Repeat Risk Factor/Intervention Violations	0	Time Out	

Establishment	Address	City/State	Zip Code	Telephone
CVS Pharm. 6712	292 Van Buren	Nashville IN	37448	812-988-7463
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	Hook-Superx, LLC	ROUTINE	RESTAURANT L	1

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
1	IN OUT N/A N/O			17	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reconditioned & unsafe food			
2	IN OUT <input checked="" type="radio"/> N/A N/O			Time/Temperature Control for Safety			
Certified Food Protection Manager				18	IN OUT <input checked="" type="radio"/> N/A N/O		
				Proper cooking time & temperatures			
Employee Health							
3	IN OUT N/A N/O			19	IN OUT <input checked="" type="radio"/> N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper reheating procedures for hot holding			
4	IN OUT N/A N/O			20	IN OUT <input checked="" type="radio"/> N/A N/O		
Proper use of restriction and exclusion				Proper cooling time and temperature			
5	IN OUT N/A N/O			21	IN OUT <input checked="" type="radio"/> N/A N/O		
Procedures for responding to vomiting and diarrheal events				Proper hot holding temperatures			
Good Hygienic Practices							
6	IN OUT <input checked="" type="radio"/> N/A N/O			22	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco products use				Proper cold holding temperatures			
	IN OUT N/A N/O			23	IN OUT N/A N/O		
No discharge from eyes, nose, and mouth				Proper date marking and disposition			
Preventing Contamination by Hands							
8	IN OUT <input checked="" type="radio"/> N/A N/O			24	IN OUT <input checked="" type="radio"/> N/A N/O		
Hands clean & properly washed				Time as a Public Health Control; procedures & records			
9	IN OUT <input checked="" type="radio"/> N/A N/O			Consumer Advisory			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				25	IN OUT <input checked="" type="radio"/> N/A N/O		
10	IN OUT <input checked="" type="radio"/> N/A N/O			Consumer advisory provided for raw/undercooked food			
Adequate handwashing sinks properly supplied and accessible				Highly Susceptible Populations			
Approved Source							
11	IN OUT <input checked="" type="radio"/> N/A N/O			26	IN OUT <input checked="" type="radio"/> N/A N/O		
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered			
12	IN OUT N/A N/O			Food/Color Additives and Toxic Substances			
Food received at proper temperature				27	IN OUT <input checked="" type="radio"/> N/A N/O		
13	IN OUT N/A N/O			Food additives: approved & properly used			
Food in good condition, safe, & unadulterated				28	IN OUT N/A N/O		
14	IN OUT N/A N/O			Toxic substances properly identified, stored, & used			
Required records available: molluscan shellfish identification, parasite destruction				Conformance with Approved Procedures			
Protection from Contamination							
15	IN OUT N/A N/O			29	IN OUT <input checked="" type="radio"/> N/A N/O		
Food separated and protected				Compliance with variance/specialized process/HACCP			
16	IN OUT N/A N/O			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.			
Food-contact surfaces; cleaned & sanitized							

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		COS	R	Compliance Status		COS	R
Safe Food and Water							
30	Pasteurized eggs used where required			Proper Use of Utensils			
31	Water & ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored & used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			Utensils, Equipment and Vending			
36	Thermometers provided & accurate			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
Food Identification							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination							
38	Insects, rodents, & animals not present			49	Non-food contact surfaces clean		
39	Contamination prevented during food preparation, storage & display			Physical Facilities			
40	Personal cleanliness			50	Hot & cold water available; adequate pressure		
41	Wiping cloths: properly used & stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits & vegetables			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)	Jayden Staten	Date:	07/28/25
Inspector (Signature)		Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one)	Follow-up Date:

