



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date	7/28/2025	Date	7/18/25
No. of Risk Factor/Intervention Violations	0	Time In	10:45 am
No. of Repeat Risk Factor/Intervention Violations	0	Time Out	

Establishment	Address	City/State	Zip Code	Telephone
CASA DEL SOL	101 E WASHINGTON ST	NASHVILLE IN	47448	812 988 4538
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
	MICHELLE KRITZER	FOLLOW UP	FULL	3

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

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			44	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Water & ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			45	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used			
Food Temperature Control				46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			47	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food properly labeled; original container				Hot & cold water available; adequate pressure			
Prevention of Food Contamination				51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices			
Insects, rodents, & animals not present				52	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & wastewater properly disposed			
Contamination prevented during food preparation, storage & display				53	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness				54	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				55	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical facilities installed, maintained, & clean			
Washing fruits & vegetables				56	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
				Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature)	Michelle Kritzer	Date:	7/18/25
Inspector (Signature)	Tiffany Petit	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one)	Follow-up Date: N/A

