

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION	Release Date	Aug 23, 2025	Date	8/13/25
	No. of Risk Factor/Intervention Violations	0	Time In	11:00 AM
	No. of Repeat Risk Factor/Intervention Violations	0	Time Out	11:30 AM
Establishment	Address	City/State	Zip Code	Telephone
NASHVILLE DAILY GRIND	114 S VAN BUREN	NASHVILLE IN	47408	812-988-9808
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	Brittany Sipes	ROUTINE	FULL	2

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		COS	R	Compliance Status	COS	R
Supervision						
1	<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			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O 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 Certified Food Protection Manager			Time/Temperature Control for Safety		
Employee Health						
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time & temperatures	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper use of restriction and exclusion			19	<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	
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Procedures for responding to vomiting and diarrheal events			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature	
Good Hygienic Practices						
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco products use			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures	
Preventing Contamination by Hands						
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Hands clean & properly washed			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition	
9	<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			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a Public Health Control; procedures & records	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Adequate handwashing sinks properly supplied and accessible			Consumer Advisory		
Approved Source						
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food obtained from approved source			25	<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	
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature			Highly Susceptible Populations		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food in good condition, safe, & unadulterated			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized foods used; prohibited foods not offered	
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			Food/Color Additives and Toxic Substances		
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			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food additives: approved & properly used	
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			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Toxic substances properly identified, stored, & used	
				Conformance with Approved Procedures		
				29	<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	

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

Person In Charge (Signature) <i>Brittany Sipes</i>	Date: 8/13/2025
Inspector (Signature) <i>[Signature]</i>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date:

