

 RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION		Release Date		Sept 1, 2025		Date		8/21/25	
		No. of Risk Factor/Intervention Violations		1		Time In		11:40am	
		No. of Repeat Risk Factor/Intervention Violations		2		Time Out			
Establishment		Address		City/State		Zip Code		Telephone	
Farmhouse Cafe		5771 Bean Blossom		Nineveh IN		46168		812-988-2689	
License/Permit #		Permit Holder		Purpose of Inspection		Est. Type		Risk Category	
N/A		Mike Nickels		Routine		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							
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 N/A N/O			Time/Temperature Control for Safety			
Certified Food Protection Manager				18	IN OUT N/A N/O		
Employee Health				19	IN OUT N/A N/O		
3	IN OUT N/A N/O			Proper cooking time & temperatures			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				20	IN OUT N/A N/O		
4	IN OUT N/A N/O			Proper reheating procedures for hot holding			
Proper use of restriction and exclusion				21	IN OUT N/A N/O		
5	IN OUT N/A N/O			Proper cooling time and temperature			
Procedures for responding to vomiting and diarrheal events				22	IN OUT N/A N/O		
Good Hygienic Practices				23	IN OUT N/A N/O		
6	IN OUT N/A N/O			Proper hot holding temperatures			
Proper eating, tasting, drinking, or tobacco products use				24	IN OUT N/A N/O		
7	IN OUT N/A N/O			Proper cold holding temperatures			
No discharge from eyes, nose, and mouth				25	IN OUT N/A N/O		
Preventing Contamination by Hands				Proper date marking and disposition			
8	IN OUT N/A N/O			Time as a Public Health Control; procedures & records			
Hands clean & properly washed				Consumer Advisory			
9	IN OUT N/A N/O			26	IN OUT N/A N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Consumer advisory provided for raw/undercooked food			
10	IN OUT N/A N/O			Highly Susceptible Populations			
Adequate handwashing sinks properly supplied and accessible				27	IN OUT N/A N/O		
Approved Source				Food/Color Additives and Toxic Substances			
11	IN OUT N/A N/O			28	IN OUT N/A N/O		
Food obtained from approved source				Food additives: approved & properly used			
12	IN OUT N/A N/O			29	IN OUT N/A N/O		
Food received at proper temperature				Toxic substances properly identified, stored, & used			
13	IN OUT N/A N/O			Conformance with Approved Procedures			
Food in good condition, safe, & unadulterated				30	IN OUT N/A N/O		
14	IN OUT N/A N/O			Compliance with variance/specialized process/HACCP			
Required records available: molluscan shellfish identification, parasite destruction				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.			
Protection from Contamination							
15	IN OUT N/A N/O						
Food separated and protected							
16	IN OUT N/A 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.
 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				45	Single-use/single-service articles: properly stored & used		
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending			
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Physical Facilities			
Prevention of Food Contamination				50	Hot & cold water available; adequate pressure		
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		

Person In Charge (Signature)		Oscar Jimenez		Date:		8/21/25	
Inspector (Signature)		J. H. H. H.		Follow-up: YES (NO) (Circle one)		Follow-up Date: _____	

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

N/A

License/Permit #

Date

8/21/25

Establishment

Address

City/State

Zip Code

Telephone

Farmhouse Cafe

5771 Bean Blossom Rd

Nineveh

46168

812-988-2004

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

Person In Charge (Signature)

Date: 8/21/25

Inspector (Signature)

Date: 8/21/25