

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	Aug 2, 2025 Release Date		Date 7/22/25	
	No. of Risk Factor/Intervention Violations 1	No. of Repeat Risk Factor/Intervention Violations 0	Time In	Time Out

Establishment HOSSIER THAI	Address 15 S Van Buren	City/State Nashville IN	Zip Code 47448	Telephone 812-391-7289
License/Permit # N/A	Permit Holder Kanjana Cruz	Purpose of Inspection ROUTINE	Est. Type Full	Risk Category 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
Supervision			
1	Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="radio"/>	
2	Certified Food Protection Manager	<input checked="" type="radio"/>	
Employee Health			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="radio"/>	
4	Proper use of restriction and exclusion	<input checked="" type="radio"/>	
5	Procedures for responding to vomiting and diarrheal events	<input checked="" type="radio"/>	
Good Hygienic Practices			
6	Proper eating, tasting, drinking, or tobacco products use	<input checked="" type="radio"/>	
7	No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	
Preventing Contamination by Hands			
8	Hands clean & properly washed	<input checked="" type="radio"/>	
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	
10	Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	
Approved Source			
11	Food obtained from approved source	<input checked="" type="radio"/>	
12	Food received at proper temperature	<input checked="" type="radio"/>	
13	Food in good condition, safe, & unadulterated	<input checked="" type="radio"/>	
14	Required records available: molluscan shellfish identification, parasite destruction	<input checked="" type="radio"/>	
Protection from Contamination			
15	Food separated and protected	<input checked="" type="radio"/>	
16	Food-contact surfaces; cleaned & sanitized	<input checked="" type="radio"/>	

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
Safe Food and Water			
30	Pasteurized eggs used where required	<input checked="" type="radio"/>	
31	Water & ice from approved source	<input checked="" type="radio"/>	
32	Variance obtained for specialized processing methods	<input checked="" type="radio"/>	
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	
34	Plant food properly cooked for hot holding	<input checked="" type="radio"/>	
35	Approved thawing methods used	<input checked="" type="radio"/>	
36	Thermometers provided & accurate	<input checked="" type="radio"/>	
Food Identification			
37	Food properly labeled; original container	<input checked="" type="radio"/>	
Prevention of Food Contamination			
38	Insects, rodents, & animals not present	<input checked="" type="radio"/>	
39	Contamination prevented during food preparation, storage & display	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
40	Personal cleanliness	<input checked="" type="radio"/>	
41	Wiping cloths: properly used & stored	<input checked="" type="radio"/>	
42	Washing fruits & vegetables	<input checked="" type="radio"/>	

Person In Charge (Signature) Kanjana Cruz X Kanam W	Date: 7/22/25
Inspector (Signature) TIFFANY PETIT Jffer	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date:

