

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION	Release Date	5-23-25	Date	5-13-25
	No. of Risk Factor/Intervention Violations	3	Time In	2:00pm
	No. of Repeat Risk Factor/Intervention Violations	1	Time Out	2:56pm
Establishment	Address	City/State	Zip Code	Telephone
HOMETOWN IGA 449	30 Hawthorne Dr Nashville IN	Nashville IN	47448	812-888-7546
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	HOUCHENS NORTH FOODS	ROUTINE	RFE	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	Description	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		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Certified Food Protection Manager		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		

Compliance Status	Description	COS	R
Time/Temperature Control for Safety			
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		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
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		
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		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		
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		
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		
Consumer Advisory			
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		
Highly Susceptible Populations			
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		
Food/Color Additives and Toxic Substances			
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		
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	Description	COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status	Description	COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
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) <i>John Carter</i>	Date: 5/13/2025
Inspector (Signature) <i>Jennifer Heller</i>	Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (Circle one) Follow-up Date: 6/05/2025



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #

Date

5-13-25

Establishment

Address

City/State

Zip Code

Telephone

ISA

30 Hawthorne

Nashville Ind

47448

812-988-4346

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

- cooler temp egg cooler repeat too high

chicken in deli cooler stored so it could contaminate buffers room
icing if it tips over

Person In Charge (Signature)

Date: 5/13/2025

Inspector (Signature)

Date: 5/13/2025