



**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**  
 State Form 57480 (R2 / 4-25)  
 INDIANA DEPARTMENT OF HEALTH  
 FOOD PROTECTION DIVISION

Release Date 8/01/25  
 Date 7/21  
 No. of Risk Factor/Intervention Violations  
 Time In 2:00pm  
 Time Out 3:40pm  
 No. of Repeat Risk Factor/Intervention Violations

Establishment <b>Mike's Dance Barn</b>	Address <b>2277 W. St Rd 46</b>	City/State <b>Nashville IN</b>	Zip Code <b>47448</b>	Telephone <b>812.988.8636</b>
License/Permit #	Permit Holder <b>Mike Robertson</b>	Purpose of Inspection <b>Follow-up</b>	Est. Type <b>FULL</b>	Risk Category <b>3</b>

**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
<b>Supervision</b>							
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			<b>Time/Temperature Control for Safety</b>			
Certified Food Protection Manager				18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Employee Health</b>							
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			19	<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				Proper cooking time & temperatures			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			20	<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				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			21	<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				Proper cooling time and temperature			
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			22	<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				Proper hot holding temperatures			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			23	<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				Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Hands clean & properly washed				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			Time as a Public Health Control; procedures & records			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				<b>Consumer Advisory</b>			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			25	<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 provided for raw/undercooked food			
<b>Approved Source</b>							
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
12	<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 received at proper temperature				<b>Food/Color Additives and Toxic Substances</b>			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			27	<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				Food additives: approved & properly used			
14	<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		
Required records available: molluscan shellfish identification, parasite destruction				Toxic substances properly identified, stored, & used			
<b>Protection from Contamination</b>							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Conformance with Approved Procedures</b>			
Food separated and protected				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
16	<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-contact surfaces; cleaned & sanitized				<p><b>Risk factors</b> 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.</p>			

**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
<b>Safe Food and Water</b>							
30	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Proper Use of Utensils</b>			
Pasteurized eggs used where required				43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			In-use utensils: properly stored			
Water & ice from approved source				44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Food Temperature Control</b>							
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Single-use/single-service articles: properly stored & used			
Proper cooling methods used; adequate equipment for temperature control				46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly			
Plant food properly cooked for hot holding				<b>Utensils, Equipment and Vending</b>			
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			47	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Approved thawing methods used				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
<b>Food Identification</b>							
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			49	<input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food properly labeled; original container				Non-food contact surfaces clean			
<b>Prevention of Food Contamination</b>							
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			<b>Physical Facilities</b>			
Insects, rodents, & animals not present				50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Hot & cold water available; adequate pressure			
Contamination prevented during food preparation, storage & display				51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & wastewater properly disposed			
Wiping cloths: properly used & stored				53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
Washing fruits & vegetables				54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
				Garbage & refuse properly disposed; facilities maintained			
				55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
				Physical facilities installed, maintained, & clean			
				56	<input 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) Mike Robertson X Mike Robertson Date: 7/21/2025  
 Inspector (Signature) Tiffany Petit Tiffany Petit Follow-up:  YES  NO (Circle one) Follow-up Date: 8/5/25



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date 7/21/2025

Establishment: Mike's Dance Barn
Address: 2277 W. St. Rd 46
City/State: Nashville IN
Zip Code: 47448
Telephone: 812 988 8636

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/A=not applicable
Mark "X" in appropriate box for COS and/or R
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Table with 2 main sections: 57 Outdoor Food Operation and 58 Mobile Retail Food Establishment. Each section has columns for Compliance Status and COS/R boxes.

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Contains handwritten entries for Refry #2 (40), Refry #1 (40), Freezer #1 (29), and Freezer #2 (31).

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Description, Complete by Date. Contains one entry: 445(a) CORE Intake and exhaust air ducts must be cleaned and have filters changed so they are not a source of contamination by dust, dirt, and other materials. Complete by Date: Aug 5, 2025.

Person In Charge (Signature)

Handwritten signatures of the person in charge and the inspector.

Date: 7/21/2025

Inspector (Signature)

Date: 7/21/2025

