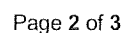


 RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION		Release Date 10/4/25		Date 9/24/25	
		No. of Risk Factor/Intervention Violations 0		Time In	
		No. of Repeat Risk Factor/Intervention Violations 0		Time Out	
Establishment Nashville Fudge Kitchen		Address 175 S Van Buren		City/State Nashville IN	
License/Permit # N/A		Permit Holder HARDESTY RANCH LLC		Zip Code 47448	
		Purpose of Inspection Routine		Telephone 812 988.0709	
		Est. Type		Risk Category 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		Supervision		Compliance Status	
1	☒ IN ☐ OUT ☐ N/A ☐ N/O	Person in charge present, demonstrates knowledge, and performs duties		17	☒ IN ☐ OUT ☐ N/A ☐ N/O
2	☒ IN ☐ OUT ☐ N/A ☐ N/O	Certified Food Protection Manager		Proper disposition of returned, previously served, reconditioned & unsafe food	
Employee Health		Good Hygienic Practices		Time/Temperature Control for Safety	
3	☒ IN ☐ OUT ☐ N/A ☐ N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		18	☒ IN ☐ OUT ☐ N/A ☐ N/O
4	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper use of restriction and exclusion		19	☒ IN ☐ OUT ☐ N/A ☐ N/O
5	☒ IN ☐ OUT ☐ N/A ☐ N/O	Procedures for responding to vomiting and diarrheal events		20	☒ IN ☐ OUT ☐ N/A ☐ N/O
6	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper eating, tasting, drinking, or tobacco products use		21	☒ IN ☐ OUT ☐ N/A ☐ N/O
7	☒ IN ☐ OUT ☐ N/A ☐ N/O	No discharge from eyes, nose, and mouth		22	☒ IN ☐ OUT ☐ N/A ☐ N/O
Preventing Contamination by Hands		Approved Source		23	☒ IN ☐ OUT ☐ N/A ☐ N/O
8	☒ IN ☐ OUT ☐ N/A ☐ N/O	Hands clean & properly washed		24	☒ IN ☐ OUT ☐ N/A ☐ N/O
9	☒ IN ☐ OUT ☐ N/A ☐ N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Time as a Public Health Control; procedures & records	
10	☒ IN ☐ OUT ☐ N/A ☐ N/O	Adequate handwashing sinks properly supplied and accessible		Consumer Advisory	
11	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food obtained from approved source		25	☒ IN ☐ OUT ☐ N/A ☐ N/O
12	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food received at proper temperature		Consumer advisory provided for raw/undercooked food	
13	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food in good condition, safe, & unadulterated		Highly Susceptible Populations	
14	☒ IN ☐ OUT ☐ N/A ☐ N/O	Required records available: molluscan shellfish identification, parasite destruction		26	☒ IN ☐ OUT ☐ N/A ☐ N/O
Protection from Contamination		GOOD RETAIL PRACTICES		Pasteurized foods used; prohibited foods not offered	
15	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food separated and protected		Food/Color Additives and Toxic Substances	
16	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food-contact surfaces; cleaned & sanitized		27	☒ IN ☐ OUT ☐ N/A ☐ N/O
				28	☒ IN ☐ OUT ☐ N/A ☐ N/O
				Food additives: approved & properly used	
				29	☒ IN ☐ OUT ☐ N/A ☐ N/O
				Toxic substances properly identified, stored, & used	
				Conformance with Approved Procedures	
				Compliance with variance/specialized process/HACCP	

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		Safe Food and Water		Compliance Status	
30	☒ IN ☐ OUT ☐ N/A ☐ N/O	Pasteurized eggs used where required		43	☒ IN ☐ OUT ☐ N/A ☐ N/O
31	☒ IN ☐ OUT ☐ N/A ☐ N/O	Water & ice from approved source		44	☒ IN ☐ OUT ☐ N/A ☐ N/O
32	☒ IN ☐ OUT ☐ N/A ☐ N/O	Variance obtained for specialized processing methods		45	☒ IN ☐ OUT ☐ N/A ☐ N/O
Food Temperature Control		Food Identification		46	☒ IN ☐ OUT ☐ N/A ☐ N/O
33	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper cooling methods used; adequate equipment for temperature control		Proper Use of Utensils	
34	☒ IN ☐ OUT ☐ N/A ☐ N/O	Plant food properly cooked for hot holding		47	☒ IN ☐ OUT ☐ N/A ☐ N/O
35	☒ IN ☐ OUT ☐ N/A ☐ N/O	Approved thawing methods used		48	☒ IN ☐ OUT ☐ N/A ☐ N/O
36	☒ IN ☐ OUT ☐ N/A ☐ N/O	Thermometers provided & accurate		49	☒ IN ☐ OUT ☐ N/A ☐ N/O
Prevention of Food Contamination		Physical Facilities		50	☒ IN ☐ OUT ☐ N/A ☐ N/O
37	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food properly labeled; original container		51	☒ IN ☐ OUT ☐ N/A ☐ N/O
38	☒ IN ☐ OUT ☐ N/A ☐ N/O	Insects, rodents, & animals not present		52	☒ IN ☐ OUT ☐ N/A ☐ N/O
39	☒ IN ☐ OUT ☐ N/A ☐ N/O	Contamination prevented during food preparation, storage & display		53	☒ IN ☐ OUT ☐ N/A ☐ N/O
40	☒ IN ☐ OUT ☐ N/A ☐ N/O	Personal cleanliness		54	☒ IN ☐ OUT ☐ N/A ☐ N/O
41	☒ IN ☐ OUT ☐ N/A ☐ N/O	Wiping cloths: properly used & stored		55	☒ IN ☐ OUT ☐ N/A ☐ N/O
42	☒ IN ☐ OUT ☐ N/A ☐ N/O	Washing fruits & vegetables		56	☒ IN ☐ OUT ☐ N/A ☐ N/O

Person In Charge (Signature) Beth Hardesty		Date: 9/24/25	
Inspector (Signature) Tiffany Pettit		Follow-up: YES ☐ NO ☒ (Circle one) Follow-up Date:	



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

License/Permit #

Date

9/24/25

Establishment

Address

City/State

Zip Code

Telephone

NASHVILLE FUDGE KITCHEN

175 S Van Buren

Nashville IN

47448

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: 9/24/25

Inspector (Signature)

Date: 9/24/25