Reset Form

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date 7/06/25	**Date** 6/26/25 **Time In** 12:15 pm **Time Out**
No. of Risk Factor/Intervention Violations 0	
No. of Repeat Risk Factor/Intervention Violations 0	

Establishment	Address	City/State	Zip Code	Telephone
OFF BEET BAKERY	137 MOUND ST	NASHVILLE	47448	

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
	SARA MONNETT	Routine		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	COS	R		Compliance Status	COS	R
Supervision			17	(IN) OUT N/A N/O — Proper disposition of returned, previously served, reconditioned & unsafe food		
1 (IN) OUT N/A N/O — Person in charge present, demonstrates knowledge, and performs duties				**Time/Temperature Control for Safety**		
2 (IN) OUT N/A N/O — Certified Food Protection Manager			18 (IN) OUT N/A N/O — Proper cooking time & temperatures		
Employee Health			19 IN OUT (N/A) N/O — Proper reheating procedures for hot holding		
3 (IN) OUT N/A N/O — Management, food employee and conditional employee; knowledge, responsibilities and reporting			20 IN OUT N/A (N/O) — Proper cooling time and temperature		
4 (IN) OUT N/A N/O — Proper use of restriction and exclusion			21 IN OUT (N/A) N/O — Proper hot holding temperatures		
5 (IN) OUT N/A N/O — Procedures for responding to vomiting and diarrheal events			22 (IN) OUT N/A N/O — Proper cold holding temperatures		
Good Hygienic Practices			23 (IN) OUT N/A N/O — Proper date marking and disposition		
6 (IN) OUT N/A N/O — Proper eating, tasting, drinking, or tobacco products use			24 IN OUT (N/A) N/O — Time as a Public Health Control; procedures & records		
7 (IN) OUT N/A N/O — No discharge from eyes, nose, and mouth			**Consumer Advisory**		
Preventing Contamination by Hands			25 IN OUT (N/A) N/O — Consumer advisory provided for raw/undercooked food		
8 (IN) OUT N/A N/O — Hands clean & properly washed			**Highly Susceptible Populations**		
9 (IN) OUT N/A N/O — No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			26 IN OUT (N/A) N/O — Pasteurized foods used; prohibited foods not offered		
10 (IN) OUT N/A N/O — Adequate handwashing sinks properly supplied and accessible			**Food/Color Additives and Toxic Substances**		
Approved Source			27 IN OUT (N/A) N/O — Food additives: approved & properly used		
11 (IN) OUT N/A N/O — Food obtained from approved source			28 (IN) OUT N/A N/O — Toxic substances properly identified, stored, & used		
12 (IN) OUT N/A N/O — Food received at proper temperature			**Conformance with Approved Procedures**		
13 (IN) OUT N/A N/O — Food in good condition, safe, & unadulterated			29 IN OUT (N/A) N/O — Compliance with variance/specialized process/HACCP		
14 IN OUT (N/A) N/O — Required records available: molluscan shellfish identification, parasite destruction					
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					

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	COS	R		Compliance Status	COS	R
Safe Food and Water				**Proper Use of Utensils**		
30 — Pasteurized eggs used where required			43	In-use utensils: properly stored		
31 — Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32 — Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used		
Food Temperature Control			46	Gloves used properly		
33 — Proper cooling methods used; adequate equipment for temperature control				**Utensils, Equipment and Vending**		
34 — Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35 — Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36 — Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				**Physical Facilities**		
37 — Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination			51	Plumbing installed; proper backflow devices		
38 — Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed		
39 — Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40 — Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41 — Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42 — Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) SARA MONNETT *Sara G Monnett*	**Date:** 6/26/25
Inspector (Signature) TIFFANY PETIT	**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
	6/26/25

Establishment	Address	City/State	Zip Code	Telephone
OFFBEET BAKERY	137 MOUND ST	NASHVILLE IN		

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
COS=corrected on-site during inspection   R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
57	IN OUT N/A N/O Outdoor Food Operation			58	IN OUT N/A N/O Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
"DAIRY" COOLER	41°				
CHEST FREEZER	19°				
DISPLAY CASE	36°				

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:
	No violations observed at time of inspection	

Person In Charge (Signature) Sara E. Monnett   Date: 6/25/26

Inspector (Signature)   Date: 6/25/26

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

License/Permit #	Date 6/26/25

Establishment	Address	City/State	Zip Code	Telephone
OFFBEET BAKERY	137 MOUND ST	NASHVILLE	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

Owner had questions about sour dough and food safety.
Also, asked about possible temporary event.
Will follow up w/ phone call.

Person In Charge (Signature) *Sara E Monnett*	Date: 6/26/25
Inspector (Signature)	Date: 6/26/25