Reset Form

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

6/15/25
Release Date

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Date 6/05/25
Time In 10:00am
Time Out

Establishment	Address	City/State	Zip Code	Telephone
PLANTED	6255 Kent Rd	Bloomington IN	47401	812-322-2879

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	Nicole Schonemann	routine	commissary	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		COS	R
Supervision			
1	IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O Certified Food Protection Manager		
Employee Health			
3	IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O Proper use of restriction and exclusion		
5	IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	IN OUT N/A N/O Hands clean & properly washed		
9	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	IN OUT N/A N/O Food obtained from approved source		
12	IN OUT N/A N/O Food received at proper temperature		
13	IN OUT N/A N/O Food in good condition, safe, & unadulterated		
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		

Compliance Status		COS	R
17	IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18	IN OUT N/A N/O Proper cooking time & temperatures		
19	IN OUT N/A N/O Proper reheating procedures for hot holding		
20	IN OUT N/A N/O Proper cooling time and temperature		
21	IN OUT N/A N/O Proper hot holding temperatures		
22	IN OUT N/A N/O Proper cold holding temperatures		
23	IN OUT N/A N/O Proper date marking and disposition		
24	IN OUT N/A N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	IN OUT N/A N/O Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O Food additives: approved & properly used		
28	IN OUT N/A N/O Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A 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			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			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		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) NICOLE SCHONEMANN Date: 6/05/2025

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

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License/Permit # | Date 6/05/2025

Establishment	Address	City/State	Zip Code	Telephone
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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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	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
PICKLES	36°F				
LEMON DIP	36°F				
CHUTNEY	36°F				
LEMON SAUCE	36°F				

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 violation observed at time of inspection	

Person In Charge (Signature) NICOLE SCHONEMANN X — Date: 6/5/25

Inspector (Signature) J. HELLER T. PETIT — Date: 6/5/25

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License/Permit #

Date 6/05/2025

Establishment	Address	City/State	Zip Code	Telephone
PLANTED	6255 Kent Rd	Bloomington IN	47401	812-322-7879

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

Processed canned items observed in cooler. Moved to employee refrigerator.

Person In Charge (Signature) NICOLE SCHONEMANN X Sellis Date: 6/5/25

Inspector (Signature) Jffett TIFFANY PETIT Date: 6/5/25