

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	Release Date	6/03/2025	Date	5/23/2025
	No. of Risk Factor/Intervention Violations		Time In	11:10am
	No. of Repeat Risk Factor/Intervention Violations		Time Out	12:35pm

Establishment RAFTERS	Address 560 E. St. Rd 46	City/State Nashville TN	Zip Code 37448	Telephone 812-988-2284
License/Permit # N/A	Permit Holder Hotel Nashville Inc.	Purpose of Inspection ROUTINE	Est. Type	Risk Category B

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	Description	COS	R
Supervision			
1 <input checked="" type="radio"/> IN	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="radio"/> IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN	Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN	Proper eating, tasting, drinking, or tobacco products use		
7 <input checked="" type="radio"/> IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 <input checked="" type="radio"/> IN	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="radio"/> IN	Food obtained from approved source		
12 <input checked="" type="radio"/> IN	Food received at proper temperature		
13 <input checked="" type="radio"/> IN	Food in good condition, safe, & unadulterated		
14 <input checked="" type="radio"/> IN	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN	Food separated and protected		
16 <input checked="" type="radio"/> IN	Food-contact surfaces; cleaned & sanitized		

Compliance Status	Description	COS	R
17 <input checked="" type="radio"/> IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18 <input checked="" type="radio"/> IN	Proper cooking time & temperatures		
19 <input checked="" type="radio"/> IN	Proper reheating procedures for hot holding		
20 <input checked="" type="radio"/> IN	Proper cooling time and temperature		
21 <input checked="" type="radio"/> IN	Proper hot holding temperatures		X
22 <input checked="" type="radio"/> IN	Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN	Proper date marking and disposition		
24 <input checked="" type="radio"/> IN	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25 <input checked="" type="radio"/> IN	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27 <input checked="" type="radio"/> IN	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input checked="" type="radio"/> IN	Compliance with variance/specialized process/HACCP		

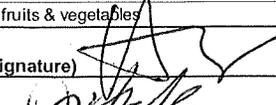
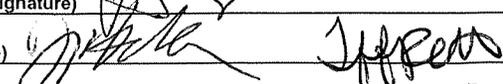
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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="radio"/> X	Warewashing facilities: installed, maintained, & used; test strips		R
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) 	Date: 5/23/2025
Inspector (Signature) 	Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (Circle one) Follow-up Date: 6/15/2025



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #

Date 5/23/2025

Establishment

RAFFERS

Address

560 E 57th Rd 46

City/State

Nashville IN

Zip Code

47448

Telephone

912-988-2294

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 rows and 4 columns for Compliance Status (IN, OUT, N/A, N/O) for Outdoor Food Operation and Mobile Retail Food Establishment, including COS and R checkboxes.

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Contains handwritten entries for items like Cole Slaw, Pickles, Artichoke Air Freezer, Salsa, Potato Soup, Mash Potato, Green Beans, Artichoke Air Refr., Chicken Fridge, Undergill burgers, Walk in Slaw, Walk in Temp, Salmon, and Walk in (meat).

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Description of violation, and Complete by Date. Contains handwritten entries for items 281 Pf, 213 P, and 447 CORE.

Person In Charge (Signature)

Handwritten signature of the person in charge.

Date: 5/23/2025

Inspector (Signature)

Handwritten signature of the inspector.

Date: 5/23/2025

