

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	<p>7/10/25 Release Date</p>	<p>Date 6-30-25</p>		
	<p>No. of Risk Factor/Intervention Violations 1</p>	<p>Time In 10:11:40am</p>		
	<p>No. of Repeat Risk Factor/Intervention Violations 0</p>	<p>Time Out 11:55am</p> <p>812-788-8576</p>		
<p>Establishment BC Sugar Shack</p>	<p>Address 51 Chesnut St</p>	<p>City/State Nashville TN</p>	<p>Zip Code 37208</p>	<p>Telephone 812-345-7543</p>
<p>License/Permit # N/A</p>	<p>Permit Holder Rachelle Smith</p>	<p>Purpose of Inspection routine</p>	<p>Est. Type full</p>	<p>Risk Category 2</p>

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

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

<p>Person In Charge (Signature) <i>[Signature]</i></p>	<p>Date: 6-30-25</p>
<p>Inspector (Signature) <i>[Signature]</i></p>	<p>Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (Circle one) Follow-up Date:</p>



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #

Date

6-30-25

812-988-8576

Establishment

Address

City/State

Zip Code

Telephone

SUGAR SHACK

51 CHESTNUT

Nashville

47448

812-345-9543

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

Previous violation corrected

Person In Charge (Signature)

[Signature]

Date: 6-30-25

Inspector (Signature)

[Signature] *[Signature]*

Date: 6-30-25