



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

Release Date	11/3/25	Date	10/23/25
No. of Risk Factor/Intervention Violations	0	Time In	11:40am
No. of Repeat Risk Factor/Intervention Violations	0	Time Out	

Establishment	Troll's BBQ	Address	11 E Gould St	City/State	Nashville TN	Zip Code	46151	Telephone	612 988-4273
License/Permit #	N/A	Permit Holder	Mary Levergood	Purpose of Inspection	Routine	Est. Type	Full	Risk Category	3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

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

Compliance Status		COS	R
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooking time & temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooling time and temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper date marking and disposition			
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>			
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> 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
<b>Safe Food and Water</b>			
30	<input type="checkbox"/>		
Pasteurized eggs used where required			
31	<input type="checkbox"/>		
Water & ice from approved source			
32	<input type="checkbox"/>		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="checkbox"/>		
Plant food properly cooked for hot holding			
35	<input type="checkbox"/>		
Approved thawing methods used			
36	<input type="checkbox"/>		
Thermometers provided & accurate			
<b>Food Identification</b>			
37	<input type="checkbox"/>		
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38	<input type="checkbox"/>		
Insects, rodents, & animals not present			
39	<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display			
40	<input type="checkbox"/>		
Personal cleanliness			
41	<input type="checkbox"/>		
Wiping cloths: properly used & stored			
42	<input type="checkbox"/>		
Washing fruits & vegetables			

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	<input type="checkbox"/>		
In-use utensils: properly stored			
44	<input type="checkbox"/>		
Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="checkbox"/>		
Single-use/single-service articles: properly stored & used			
46	<input type="checkbox"/>		
Gloves used properly			
<b>Utensils, Equipment and Vending</b>			
47	<input type="checkbox"/>		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	<input type="checkbox"/>		
Warewashing facilities: installed, maintained, & used; test strips			
49	<input type="checkbox"/>		
Non-food contact surfaces clean			
<b>Physical Facilities</b>			
50	<input type="checkbox"/>		
Hot & cold water available; adequate pressure			
51	<input type="checkbox"/>		
Plumbing installed; proper backflow devices			
52	<input type="checkbox"/>		
Sewage & wastewater properly disposed			
53	<input type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="checkbox"/>		
Garbage & refuse properly disposed; facilities maintained			
55	<input type="checkbox"/>		
Physical facilities installed, maintained, & clean			
56	<input type="checkbox"/>		
Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature)	<i>Mary Levergood</i>	Date:	10/23/25
Inspector (Signature)	<i>[Signature]</i>	Follow-up: YES <input checked="" type="radio"/> NO <input type="radio"/> (Circle one)	Follow-up Date:



