

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	Release Date 6/21/25	Date 6/11/25		
	No. of Risk Factor/Intervention Violations 0	<input type="radio"/>	Time In 10:50am	Time Out
	No. of Repeat Risk Factor/Intervention Violations	<input type="radio"/>		

Establishment Bonafide Bites	Address 8505 Rockport Rd	City/State Bloomington	Zip Code 47403	Telephone 317-796-3100
License/Permit #	Permit Holder Joshua Anderson	Purpose of Inspection ROUTINE	Est. Type Catering	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	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		
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		

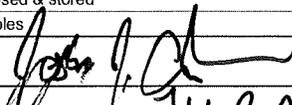
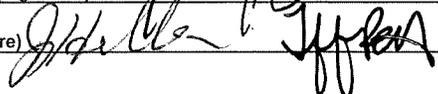
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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 <input checked="" type="radio"/> IN	Pasteurized eggs used where required		
31 <input checked="" type="radio"/> IN	Water & ice from approved source		
32 <input checked="" type="radio"/> IN	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input checked="" type="radio"/> IN	Proper cooling methods used; adequate equipment for temperature control		
34 <input checked="" type="radio"/> IN	Plant food properly cooked for hot holding		
35 <input checked="" type="radio"/> IN	Approved thawing methods used		
36 <input checked="" type="radio"/> IN	Thermometers provided & accurate		
Food Identification			
37 <input checked="" type="radio"/> IN	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input checked="" type="radio"/> IN	Insects, rodents, & animals not present		
39 <input checked="" type="radio"/> IN	Contamination prevented during food preparation, storage & display		
40 <input checked="" type="radio"/> IN	Personal cleanliness		
41 <input checked="" type="radio"/> IN	Wiping cloths: properly used & stored		
42 <input checked="" type="radio"/> IN	Washing fruits & vegetables		

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

Person In Charge (Signature) 	Date: 6/11/25
Inspector (Signature) 	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date:

