



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

Release Date	Aug 8, 2025	Date	7/28/25
No. of Risk Factor/Intervention Violations	7	Time In	1:30pm
No. of Repeat Risk Factor/Intervention Violations	3	Time Out	2:40pm

Establishment	Address	City/State	Zip Code	Telephone
CHOCOLATE MOOSE	278 S. Van Buren	Nashville IN	47448	812-200-3101
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	Penguin Enterprises	Routine	Full	Three

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	Compliance Status	COS	R
Supervision					
1 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			17 <input 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			Proper disposition of returned, previously served, reconditioned & unsafe food		
2 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Time/Temperature Control for Safety		
Certified Food Protection Manager			18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Employee Health					
3 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			19 <input 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			20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
4 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			21 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper use of restriction and exclusion			22 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
5 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			23 <input 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			24 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Good Hygienic Practices					
6 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Consumer Advisory		
Proper eating, tasting, drinking, or tobacco products use			25 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
7 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Consumer advisory provided for raw/undercooked food		
Preventing Contamination by Hands					
8 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Highly Susceptible Populations		
Hands clean & properly washed			26 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
9 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food/Color Additives and Toxic Substances		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			27 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
10 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food additives: approved & properly used		
Adequate handwashing sinks properly supplied and accessible			28 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Approved Source					
11 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures		
Food obtained from approved source			29 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Compliance with variance/specialized process/HACCP		
13 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			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.		
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O					
Required records available: molluscan shellfish identification, parasite destruction					
Protection from Contamination					
15 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O					
Food separated and protected					
16 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O					
Food-contact surfaces; cleaned & sanitized					

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	Compliance Status	COS	R
Safe Food and Water					
30			Proper Use of Utensils		
Pasteurized eggs used where required			43		
31			In-use utensils: properly stored		
Water & ice from approved source			44		
32			Utensils, equipment & linens: properly stored, dried, & handled		
Variance obtained for specialized processing methods			45		
Food Temperature Control					
33			Single-use/single-service articles: properly stored & used		
Proper cooling methods used; adequate equipment for temperature control			46		
34			Gloves used properly		
Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35			47		
Approved thawing methods used			Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
36			48		
Thermometers provided & accurate			Warewashing facilities: installed, maintained, & used; test strips		
Food Identification					
37	<input checked="" type="checkbox"/>		49		
Food properly labeled; original container			Non-food contact surfaces clean		
Prevention of Food Contamination					
38			Physical Facilities		
Insects, rodents, & animals not present			50		
39			Hot & cold water available; adequate pressure		
Contamination prevented during food preparation, storage & display			51		
40			Plumbing installed; proper backflow devices		
Personal cleanliness			52		
41			Sewage & wastewater properly disposed		
Wiping cloths: properly used & stored			53		
42			Toilet facilities: properly constructed, supplied, & cleaned		
Washing fruits & vegetables			54		
			Garbage & refuse properly disposed; facilities maintained		
			55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Physical facilities installed, maintained, & clean		
			56		
			Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) <i>Emily Hauk</i>	Date: 7/28/25
Inspector (Signature) <i>J. Hauk</i>	Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (Circle one) Follow-up Date: 8/15/25



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 INDIANA DEPARTMENT OF HEALTH
 FOOD PROTECTION DIVISION

N/A
 License/Permit #

Date 7/28/25

Establishment Chocolate Moose Address 278 S. Van Buren City/State Nashville IN Zip Code 47708 Telephone 612-200-3101

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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

Compliance Status			Compliance Status						
57	IN	OUT	N/A	NO	58	IN	OUT	N/A	NO

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot holding		Sandwich cooler		Topping cooler	
macaroni	135°	Salad	38°	marshmallow	51°
chili sauce	140°	pickles	36°	Red rose	46°
Walk in freezer	-4°	Dunk	37°	Pink apple	48°
				thaw carrots	50°
		Toppings on top of cooler			
		cooler	38°		

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:
213 P	COLD FOOD (TCS) SHOULD be held at 41°F or below (topping cooler)	Corrected 7/28/25
286 CORE	Equipment must be maintained in a state of repair (TOPPING COOLER)	Repair by Aug 10, 2025
176 CORE	Food storage containers must be identified w/ common name of food. (squeeze bottle)	corrected 7/28/25
221 CORE	Label information must include name, ingredients, quantity of contents, and allergen information. (muffins and cinnamon rolls on counter)	7/29/2025
287 CORE	Surface, such as cutting boards must be resurfaced if they can no longer be effectively cleaned and sanitized	8/7/2025
445 CORE	Vents must be cleaned so they are not a source of contamination by dust	8/13/2025
407 CORE	Surfaces must be smooth durable and easily cleanable (Floor near drain)	8/13/2025

Person In Charge (Signature) Eggy Hill Date: 7/28/25
 Inspector (Signature) J Hill J Hill Date: 7/28/25



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FOOD PROTECTION DIVISION

N/A
License/Permit #

Date 7-28-25

Establishment
CHOCOLATE MOOSE

Address
278 S. Van Buren

City/State
Nashville TN

Zip Code
47406

Telephone
812-200-3101

OBSERVATIONS AND CORRECTIVE ACTIONS

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Note - ventilation panels have slight dust build up. no maintenance is scheduled on company sticker

Published Comment

- ① product in topping cooler was allowed to be moved to main cooler as more was 925 food. - Do not store product in this cooler until it is repaired
- ② All baked goods in individual containers need to be properly labeled w/ ingredients in descending order, weight, address of manufacturer and allergens - repeat violation
- ③ sanitizer strips do not match sanitizer in use
- ④ cutting board needs re-surfacing again
- ⑤ tile on floor by sink needs to be replaced - repeat violation
- ⑥ cooler is not functioning correctly - repair (in topping area)

Person In Charge (Signature) *Emily [Signature]*

Date: 7/28/25

Inspector (Signature) *[Signature]*

Date: 7-28-25