



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

Release Date

10 days

Date

6-2-2026

No. of Risk Factor/Intervention Violations

0

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment

Arbor Trace Golf

Address

2500E 550N

City/State

Macon IN

Zip Code

46952

Telephone

License/Permit #

2026-0052

Permit Holder

Trey Rohman

Purpose of Inspection

Routine

Est. Type

2

Risk Category

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

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

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Compliance Status		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		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	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		

Person In Charge (Signature)

[Signature]

Date:

6-2-2026

Inspector (Signature)

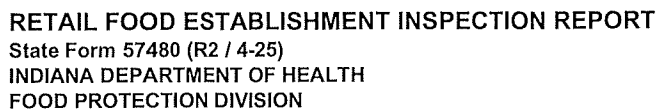
[Signature] Pste

Follow-up: YES

NO

(Circle one)

Follow-up Date:



Date _____

Telephone

Mark "X" in appropriate box for COS and/or R
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COS	
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58	IN OUT N/A N/O	Mobile Retail Food Establishment
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Temp

Complete by Date:

Sanitizer / Sanitizer Strips ?

Date:

Date: 6-2-2028