



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

Release Date

9-8-2025

Date

No. of Risk Factor/Intervention Violations

Time In

No. of Repeat Risk Factor/Intervention  
Violations

Time Out

Establishment	Address	City/State	Zip Code	Telephone
Carry Services Inc	2724 S Carry	Marion	IN	
2028-322	Carry Services	Routine	4	4

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

Circle designated compliance status (IN, OUT, N/A, N/O) 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
<b>Supervision</b>						
1 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures
<b>Employee Health</b>						
3 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
4 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper cooling time and temperature
5 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
<b>Good Hygienic Practices</b>						
6 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper cold holding temperatures
7 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper date marking and disposition
<b>Preventing Contamination by Hands</b>						
8 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records
9 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>		
10 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw/undercooked food
<b>Approved Source</b>						
11 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>		
12 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered
13 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food additives: approved & properly used
14 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, & used
<b>Protection from Contamination</b>						
15 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food separated and protected		<b>Conformance with Approved Procedures</b>		
16 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized		29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Compliance with variance/specialized process/HACCP
<b>GOOD RETAIL PRACTICES</b>						
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
<b>Safe Food and Water</b>						
30 <input type="checkbox"/>	Pasteurized eggs used where required			43 <input type="checkbox"/>	In-use utensils: properly stored	
31 <input type="checkbox"/>	Water & ice from approved source			44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32 <input type="checkbox"/>	Variance obtained for specialized processing methods			45 <input type="checkbox"/>	Single-use/single-service articles: properly stored & used	
<b>Food Temperature Control</b>						
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			46 <input type="checkbox"/>	Gloves used properly	
34 <input type="checkbox"/>	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>		
35 <input type="checkbox"/>	Approved thawing methods used			47 <input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36 <input type="checkbox"/>	Thermometers provided & accurate			48 <input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
<b>Food Identification</b>				49 <input type="checkbox"/>	Non-food contact surfaces clean	
37 <input type="checkbox"/>	Food properly labeled; original container			<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>						
38 <input type="checkbox"/>	Insects, rodents, & animals not present			50 <input type="checkbox"/>	Hot & cold water available; adequate pressure	
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display			51 <input type="checkbox"/>	Plumbing installed; proper backflow devices	
40 <input type="checkbox"/>	Personal cleanliness			52 <input type="checkbox"/>	Sewage & wastewater properly disposed	
41 <input type="checkbox"/>	Wiping cloths: properly used & stored			53 <input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
42 <input type="checkbox"/>	Washing fruits & vegetables			54 <input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
<b>Person In Charge (Signature)</b>						
<b>Inspector (Signature)</b>						
Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Circle one) Follow-up Date:						

