



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

Release Date

10 Days

Date

Dec 10 2015

No. of Risk Factor/Intervention Violations

0

Time In

10

No. of Repeat Risk Factor/Intervention
Violations

0

Time Out

#27

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

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	Compliance Status		COS	R
Supervision							
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures	
Employee Health							
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding	
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature	
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures	
Good Hygienic Practices							
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures	
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition	
Preventing Contamination by Hands							
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records	
9 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food	
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Highly Susceptible Populations	
Approved Source							
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food/Color Additives and Toxic Substances	
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used	
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Conformance with Approved Procedures	
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		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.			
Protection from Contamination							
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		43 <input checked="" type="checkbox"/> In-use utensils: properly stored			
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled			

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

Date:

Dec 10 2015

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date: