



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

Release Date

10 Days

Date

Time In

Time Out

9/24/25  
10:27

No. of Risk Factor/Intervention Violations

0

No. of Repeat Risk Factor/Intervention  
Violations

0

Establishment  
Taylo's 1640Address  
2922 S. Whaley Ave Marion INCity/State  
46953

Zip Code

Telephone  
765-668-7898License/Permit #  
2025-235Permit Holder  
Taylo's Eat Venture Routine

Purpose of Inspection

Est. Type  
2Risk Category  
2**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

COS=corrected on-site during inspection R=repeat violation

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Compliance Status		COS	R
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties	
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager	
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion	
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events	
<b>Good Hygienic Practices</b>			
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed	
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	
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source	
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature	
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated	
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction	
<b>Protection from Contamination</b>			
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected	
16 <input checked="" type="checkbox"/> IN	OUT N/A 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
<b>Safe Food and Water</b>						
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used	
<b>Food Temperature Control</b>						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
<b>Food Identification</b>				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
<b>Person In Charge (Signature)</b>				55	Physical facilities installed, maintained, & clean	
<b>Inspector (Signature)</b>				56	Adequate ventilation & lighting; designated areas used	

Date:

9/24/25

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