



**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

9/10/25

No. of Risk Factor/Intervention Violations

0

No. of Repeat Risk Factor/Intervention
Violations

0

Establishment Food Mart #1	Address 1194 N. Washington	City/State Marion IN	Zip Code 46952	Telephone 765-603-2996
License/Permit # 2025-010	Permit Holder Subhydro Bath Routine	Purpose of Inspection	Est. Type 2	Risk Category 2

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
Supervision				Time/Temperature Control for Safety		
1 IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17 IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>
2 IN OUT N/A N/O	Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 IN OUT N/A N/O	Proper cooking time & temperatures	<input type="checkbox"/>
Employee Health				19 IN OUT N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>
3 IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 IN OUT N/A N/O	Proper cooling time and temperature	<input type="checkbox"/>
4 IN OUT N/A N/O	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	21 IN OUT N/A N/O	Proper hot holding temperatures	<input type="checkbox"/>
5 IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	22 IN OUT N/A N/O	Proper cold holding temperatures	<input type="checkbox"/>
Good Hygienic Practices				23 IN OUT N/A N/O	Proper date marking and disposition	<input type="checkbox"/>
6 IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 IN OUT N/A N/O	Time as a Public Health Control; procedures & records	<input type="checkbox"/>
7 IN OUT N/A N/O	No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory		
Preventing Contamination by Hands				25 IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food	<input type="checkbox"/>
8 IN OUT N/A N/O	Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations		
9 IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26 IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>
10 IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27 IN OUT N/A N/O	Food additives: approved & properly used	<input type="checkbox"/>
Approved Source				28 IN OUT N/A N/O	Toxic substances properly identified, stored, & used	<input type="checkbox"/>
11 IN OUT N/A N/O	Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures		
12 IN OUT N/A N/O	Food received at proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>
13 IN OUT N/A N/O	Food in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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		Compliance Status		COS
Safe Food and Water				Proper Use of Utensils		
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	43	In-use utensils: properly stored	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	45	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>
Food Temperature Control				46	Gloves used properly	<input type="checkbox"/>
33	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending		
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	49	Non-food contact surfaces clean	<input type="checkbox"/>
Food Identification				Physical Facilities		
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	50	Hot & cold water available; adequate pressure	<input type="checkbox"/>
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices	<input type="checkbox"/>
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	52	Sewage & wastewater properly disposed	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	53	Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>

Person In Charge (Signature)

Date:

Sept 10/25

Inspector (Signature)

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