



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

Release Date

9-3-2025

Date

No. of Risk Factor/Intervention Violations

0

Time In

No. of Repeat Risk Factor/Intervention

0

Time Out

| Establishment | Address | City/State | Zip Code | Telephone |
|---------------|----------------|------------|----------|-----------|
| Freshens | 1846 S Main St | Upland | 46987 | |
| 2025-181 | AUT Hwy 102 | Routine | 4 | 4 |

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 | | Consumer Advisory | | | | | | | | | | | | | |
| 10 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Adequate handwashing sinks properly supplied and accessible | | 25 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Consumer advisory provided for raw/undercooked food | | | | | | | | | | | |
| Approved Source | | | | | | | Highly Susceptible Populations | | | | | | | | | | |
| 11 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food obtained from approved source | | 26 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Pasteurized foods used; prohibited foods not offered | | | | | | | | | | | |
| 12 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food received at proper temperature | | 27 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food additives: approved & properly used | | | | | | | | | | | |
| 13 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food in good condition, safe, & unadulterated | | 28 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Toxic substances properly identified, stored, & used | | | | | | | | | | | |
| 14 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Required records available: molluscan shellfish identification, parasite destruction | | Conformance with Approved Procedures | | | | | | | 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. | | | | | | |
| 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 | | | | |
|---|----|---|---|--|-----|--|--|--|--|--|
| Safe Food and Water | | | | | | | | | | |
| 30 | IN | Pasteurized eggs used where required | | 43 | IN | use utensils: properly stored | | | | |
| 31 | IN | Water & ice from approved source | | 44 | IN | Utensils, equipment & linens: properly stored, dried, & handled | | | | |
| 32 | IN | Variance obtained for specialized processing methods | | 45 | IN | Single-use/single-service articles: properly stored & used | | | | |
| Food Temperature Control | | | | | | | | | | |
| 33 | IN | Proper cooling methods used; adequate equipment for temperature control | | 46 | IN | Gloves used properly | | | | |
| 34 | IN | Plant food properly cooked for hot holding | | Utensils, Equipment and Vending | | | | | | |
| 35 | IN | Approved thawing methods used | | 47 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | | |
| 36 | IN | Thermometers provided & accurate | | 48 | IN | Warewashing facilities: installed, maintained, & used; test strips | | | | |
| Food Identification | | | | | | | | | | |
| 37 | IN | Food properly labeled; original container | | 49 | IN | Non-food contact surfaces clean | | | | |
| Prevention of Food Contamination | | | | | | | | | | |
| 38 | IN | Insects, rodents, & animals not present | | 50 | IN | Hot & cold water available; adequate pressure | | | | |
| 39 | IN | Contamination prevented during food preparation, storage & display | | 51 | IN | Plumbing installed; proper backflow devices | | | | |
| 40 | IN | Personal cleanliness | | 52 | IN | Sewage & wastewater properly disposed | | | | |
| 41 | IN | Wiping cloths: properly used & stored | | 53 | IN | Toilet facilities: properly constructed, supplied, & cleaned | | | | |
| 42 | IN | Washing fruits & vegetables | | 54 | IN | Garbage & refuse properly disposed; facilities maintained | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Person In Charge (Signature)

Ben Weller

Date: 9-3-2025

Inspector (Signature)

*Deon Bell*Follow-up: YES NO (Circle one) Follow-up Date: