



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

#1027

Release Date

10 Days

Date

5

Time In

Time Out

9/4/25

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

5

0

Establishment

Address Mario's Italian 4201 S Washington Marion IN 46953 7656772310

License/Permit #

Permit Holder 2025-213 Mario's Italian Food Protection Routine

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	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP
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
Safe Food and Water						
30		Pasteurized eggs used where required		Proper Use of Utensils		
31		Water & ice from approved source		43		In-use utensils: properly stored
32		Variance obtained for specialized processing methods		44		Utensils, equipment & linens: properly stored, dried, & handled
Food Temperature Control				45		Single-use/single-service articles: properly stored & used
33		Proper cooling methods used; adequate equipment for temperature control		46		Gloves used properly
34		Plant food properly cooked for hot holding		Utensils, Equipment and Vending		
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
Food Identification				49		Non-food contact surfaces clean
37		Food properly labeled; original container		Physical Facilities		
Prevention of Food Contamination						
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
Person In Charge (Signature)		Date: Sept 4 2025		Follow-up: YES		NO (Circle one)
Inspector (Signature)		Follow-up Date: 10 Days				



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#1027

2025-213

License/Permit #

Date

Sept. 4 2025

Establishment

Address

City/State

Zip Code

Telephone

Mario's 4601 S Washington Marion IN 46952 76677-2310

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
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C 418(a)-6 Personal drink cup on counter without lid - must have lid and placed on lowest shelf away from food

PF 429(a)-10 Hand sink #2 - no soap
Hand sink #3 - has food or other debris in it, Hand wash only

PF 306(a)-16 Following food contact area soiled with
dry food and/or other debris
1. Fryer dump
2. Sausage knife sitting on clean sand-
wich papers

PF 24(a)-23 No Date marking in cooler 22R

C 306(c)-49 The following non food contact areas
soiled with dry food, grease and/or
other debris

Published Comment
1. floors - sides, flooring
2. fry dump table, shelf on bottom, top of fry
dump
3. freezer 44F beside fry dump - sides),
to include handle.

Person In Charge (Signature)

Mr. Peller

Date: 9-4-25

Inspector (Signature)

John Wallen #510

Date: 9-4-25