



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

Release Date

9-18-2025

Date

No. of Risk Factor/Intervention Violations

5

Time In

No. of Repeat Risk Factor/Intervention Violations

2

Time Out

Establishment

Kentucky Fried Chicken

Address

1301 W 16th St

City/State

Marietta IN

Zip Code

46953

Telephone

765-662-2207

License/Permit #

2025-149

Permit Holder

Mary Beth Robert

Purpose of Inspection

Routine

Est. Type

3

Risk Category

3

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 |
|---|----------------|-----|---|
| Supervision | | | |
| 1 | IN OUT N/A N/O | | |
| Person in charge present, demonstrates knowledge, and performs duties | | | |
| 2 | IN OUT N/A N/O | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | IN OUT N/A N/O | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | IN OUT N/A N/O | | |
| Proper use of restriction and exclusion | | | |
| 5 | IN OUT N/A N/O | | X |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygienic Practices | | | |
| 6 | IN OUT N/A N/O | | |
| Proper eating, tasting, drinking, or tobacco products use | | | |
| 7 | IN OUT N/A N/O | | |
| No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT N/A N/O | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT N/A N/O | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | |
| 10 | IN OUT N/A N/O | | |
| Adequate handwashing sinks properly supplied and accessible | | | |
| Approved Source | | | |
| 11 | IN OUT N/A N/O | | |
| Food obtained from approved source | | | |
| 12 | IN OUT N/A N/O | | |
| Food received at proper temperature | | | |
| 13 | IN OUT N/A N/O | | |
| Food in good condition, safe, & unadulterated | | | |
| 14 | IN OUT N/A N/O | | |
| Required records available: molluscan shellfish identification, parasite destruction | | | |
| Protection from Contamination | | | |
| 15 | IN OUT N/A N/O | | |
| Food separated and protected | | | |
| 16 | IN OUT N/A N/O | | |
| Food-contact surfaces; cleaned & sanitized | | | |

| Compliance Status | | COS | R |
|--|----------------|-----|---|
| 17 | IN OUT N/A N/O | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | | |
| Time/Temperature Control for Safety | | | |
| 18 | IN OUT N/A N/O | | |
| Proper cooking time & temperatures | | | |
| 19 | IN OUT N/A N/O | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A N/O | | |
| Proper cooling time and temperature | | | |
| 21 | IN OUT N/A N/O | | |
| Proper hot holding temperatures | | | |
| 22 | IN OUT N/A N/O | | |
| Proper cold holding temperatures | | | |
| 23 | IN OUT N/A N/O | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT N/A N/O | | |
| Time as a Public Health Control; procedures & records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A N/O | | |
| Consumer advisory provided for raw/undercooked food | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A N/O | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food/Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A N/O | | |
| Food additives: approved & properly used | | | |
| 28 | IN OUT N/A N/O | | |
| Toxic substances properly identified, stored, & used | | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT N/A N/O | | |
| Compliance with variance/specialized process/HACCP | | | |

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.

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 |
|---|---|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided & accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils: properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |
| 52 | Sewage & wastewater properly disposed | | |
| 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | X |
| 56 | Adequate ventilation & lighting; designated areas used | | X |

Person In Charge (Signature)

[Signature]

Date:

9-17-2025

Inspector (Signature)

[Signature]

Follow-up: YES

NO

(Circle one)

Follow-up Date:

—

NARRATIVE REPORT

| Establishment Name | | | Address | | Inspection Date |
|--------------------------------|------|---|--|--|--------------------|
| Section# | Code | R | REMARKS | | TO BE CORRECTED BY |
| 443 | A-C | | Ceiling & Light at drive thru and through out Kitchen | | Tookmy |
| 306 ^A | C | | The Following "Non Food" Contract Items Are Solved - 1- Plastic Bins @ drive up 2- outside of Kenney Penny to include the bottom | | 14 days |
| 445(A) | C | | Hood Above Fryers | | |
| 442(B) | C | | Tires broken at the South Door | | |
| 306 | PF | | Inside walk In Cooler - Dust on Ceiling wall & light and RTE food exposed | | Tookmy |
| 442 A | C | | Push Bar on back door & door need repaired/replaced | | |
| Received By (Name & Title) | | | Inspected By (Name & Title) | | Page 2 of 2 |
| Brenda Challen General Manager | | | Nora LeDuff Pest | | |