



**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

No. of Risk Factor/Intervention Violations

2
0

No. of Repeat Risk Factor/Intervention Violations

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

King Buffet
206-258

Monterand 3400
1310 W 38th St.

Marion IN
Routine

46953
3

765-573-7666
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 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

56 Adequate ventilation & lighting; designated areas used

Person in Charge (Signature)

Date:

Inspector (Signature)

Follow-up: YES NO (Circle one)

Follow-up Date:

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

License/Permit #

Date

2025268 Dec 17 2025

Establishment

Address

City/State

Zip Code

Telephone

King Buffet 1310 W 36th St.

Marion IN

48953

765573-7666

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENTCircle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance 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

57 IN OUT N/A N/O Outdoor Food Operation

58 IN OUT N/A N/O Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

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:

316-P -16 Dark debris on top inside ice machine - North West corner - needs cleaned

443-C -55 Hood needs clean - has build up of grease and of other debris

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

[Signature]

12/17/25
12-17-25