



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

Release Date

10 Days

Date

10/21/03

No. of Risk Factor/Intervention Violations

0

Time In

#

No. of Repeat Risk Factor/Intervention
Violations

0

Time Out

10/27

Establishment <i>Key's Kitchen</i>	Address <i>215 So. Milwaukee</i>	City/State <i>Marion IN</i>	Zip Code <i>46952</i>	Telephone <i>765-688-1944</i>
License/Permit # <i>2025-162</i>	Permit Holder <i>Jimmy Nichols</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>3</i>	Risk Category <i>3</i>

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		

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				Proper Use of Utensils		
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used	
Food Temperature Control				46	Gloves used properly	
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending		
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips	
36	Thermometers provided & accurate			49	Non-food contact surfaces clean	
Food Identification				Physical Facilities		
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure	
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices	
38	Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed	
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned	
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained	
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean	
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used	

Person In Charge (Signature)

James Nichols

Date:

10-24-25

Inspector (Signature)

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