

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION</p>	Release Date	10 Days	Nov 24 2025 Date Time In 10 Time Out 27
	No. of Risk Factor/Intervention Violations	0	
	No. of Repeat Risk Factor/Intervention Violations	0	

Establishment Bingo's Restaurant INC	Address 938 S Washington	City/State Marion IN	Zip Code 46953	Telephone 7656649736
License/Permit # 2015-035	Permit Holder Donna C. Hall	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	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
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		
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 (Circle one) Follow-up Date: 11-24-25



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

2025269

10#27

Date Nov. 24 2025

Establishment

Address

City/State

Zip Code

Telephone

Establishment Walgreens #563 Address 1323 N. Baldwin Ave Marion IN City/State Zip Code 46952 Telephone 7653642434

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:
	No Violations	

Published Comment

Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date: 11-74-25