



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

Release Date	10 Days	Date	9/10/25
No. of Risk Factor/Intervention Violations	0	Time In	
No. of Repeat Risk Factor/Intervention Violations	0	Time Out	

Establishment Marion Senior Co Senior Center	Address 503 So Bulletin ID # 27	City/State Marion IN	Zip Code 46953	Telephone 765626772
License/Permit # 2025-076	Permit Holder Board of Directors	Purpose of Inspection Routine	Est. Type 4	Risk Category 4

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 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food								
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures								
Employee Health														
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding								
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature								
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures								
Good Hygienic Practices														
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures								
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition								
Preventing Contamination by Hands														
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records								
9 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory										
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food								
Approved Source							Highly Susceptible Populations							
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered								
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used								
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used								
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		Conformance with Approved Procedures										
Protection from Contamination							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.							
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected												
16 <input checked="" type="checkbox"/> 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													
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> IN	Use utensils: properly stored								
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source			44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled								
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used								
Food Temperature Control													
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> IN	Gloves used properly								
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			Utensils, Equipment and Vending									
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used								
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips								
Food Identification				49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean								
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			Physical Facilities									
Prevention of Food Contamination							50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure					
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices								
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed								
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned								
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained								
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean								
Person In Charge (Signature)							56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used					
Inspector (Signature)							Date:						

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

Sept. 10 2025