



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

Release Date

9-4-2025

Date
Time In
Time Out

No. of Risk Factor/Intervention Violations

2

No. of Repeat Risk Factor/Intervention
Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Pioneer Catering 2025-215	4201 S. Washington TWO	Marion IN	46953	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties			17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Certified Food Protection Manager			18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	
Employee Health						
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting			19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper use of restriction and exclusion			20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events			21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	
Good Hygienic Practices						
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use			22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition	
Preventing Contamination by Hands						
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hands clean & properly washed			24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible			25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw/undercooked food	
Approved Source						
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food obtained from approved source			Highly Susceptible Populations		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature			26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated			27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food additives: approved & properly used	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction			28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, & used	
Protection from Contamination						
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected			Conformance with Approved Procedures		
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized			29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Compliance with variance/specialized process/HACCP	
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 type="checkbox"/>	Pasteurized eggs used where required			43 <input type="checkbox"/>	In-use utensils: properly stored	
31 <input type="checkbox"/>	Water & ice from approved source			44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32 <input type="checkbox"/>	Variance obtained for specialized processing methods			45 <input type="checkbox"/>	Single-use/single-service articles: properly stored & used	
Food Temperature Control						
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			46 <input type="checkbox"/>	Gloves used properly	
34 <input type="checkbox"/>	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35 <input type="checkbox"/>	Approved thawing methods used			47 <input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36 <input type="checkbox"/>	Thermometers provided & accurate			48 <input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification						
37 <input type="checkbox"/>	Food properly labeled; original container			49 <input type="checkbox"/>	Non-food contact surfaces clean	
Prevention of Food Contamination						
38 <input type="checkbox"/>	Insects, rodents, & animals not present			Physical Facilities		
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display			50 <input type="checkbox"/>	Hot & cold water available; adequate pressure	
40 <input type="checkbox"/>	Personal cleanliness			51 <input type="checkbox"/>	Plumbing installed; proper backflow devices	
41 <input type="checkbox"/>	Wiping cloths: properly used & stored			52 <input type="checkbox"/>	Sewage & wastewater properly disposed	
42 <input type="checkbox"/>	Washing fruits & vegetables			53 <input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
Person In Charge (Signature)						
Inspector (Signature)						
Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date: 9-4-2025						

