



**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

10-7-25
10
27

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Establishment

Hib3041ut Marion

Address

939 N Baldwin Ave

City/State

Marion IN

Zip Code

46952

Telephone

7656622701

License/Permit #

2025-148

Permit Holder

Peru Plaza Co Inc.

Purpose of Inspection

Routine

Est. Type

2

Risk Category

2

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						
11	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
12	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
13	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
14	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
15	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
16	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
17	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT N/A 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
Safe Food and Water						
30		Pasteurized eggs used where required		Proper Use of Utensils		
31		Water & ice from approved source		43		In-use utensils: properly stored
32		Variance obtained for specialized processing methods		44		Utensils, equipment & linens: properly stored, dried, & handled
Food Temperature Control				45		Single-use/single-service articles: properly stored & used
33		Proper cooling methods used; adequate equipment for temperature control		46		Gloves used properly
34		Plant food properly cooked for hot holding		Utensils, Equipment and Vending		
35		Approved thawing methods used		47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used
36		Thermometers provided & accurate		48		Warewashing facilities: installed, maintained, & used; test strips
Food Identification				49		Non-food contact surfaces clean
37		Food properly labeled; original container		Physical Facilities		
Prevention of Food Contamination				50		Hot & cold water available; adequate pressure
38		Insects, rodents, & animals not present		51		Plumbing installed; proper backflow devices
39		Contamination prevented during food preparation, storage & display		52		Sewage & wastewater properly disposed
40		Personal cleanliness		53		Toilet facilities: properly constructed, supplied, & cleaned
41		Wiping cloths: properly used & stored		54		Garbage & refuse properly disposed; facilities maintained
42		Washing fruits & vegetables		55		Physical facilities installed, maintained, & clean
Person In Charge (Signature)				56		Adequate ventilation & lighting; designated areas used
Inspector (Signature)						

Date:

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